# uneral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRICAR: After this certificate has been signed by the attending physician and completely filled in by i page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2. The registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

081

0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 4811

()4800 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Washingt	on	MARYLAND	2. USUAL RESIDENCE (W a. STATE Maryland	here deceased live	d. If institution b. COUNTY	Residence before Nashine	re odmission)
b. CITY OR TOWN (If out RURAL and give neares		c. LENGTH OF STAY IN 16	CITY OR TOWN (IF		_	RAL and give ne	arest town)
d. NAME OF HOSPITAL (I	n, Ma. If not in hospital, give street n County No	address)	d. STREET ADDRESS	est Dri			IS RESIDENCE     ON A FARM?     YES    NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month		
	ear	Preston	Alston		pril	1.8	
		RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH			Months Days	Hours Min,
	070104	. KIND OF BUSINESS OR INDU				12. CITIZEN C	OF WHAT COUNTRY?
during most of warking	life, even if retired)		- Continue of the continue of	12-20- 740		USA.	
Trueker	178	auling trask	14. MOTHER'S MAIDEN	NAME TO STATE		UDA,	
	43 = 4 = ==						
15. WAS DECEASED EVER IN	U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	Isabel]	a Jene	Addre	# 7 4 7 m +	A-+ 24
(Yes, no, or unknown) (ff yes	s, give war or dates of service)		Rerace Alst	OH ATO	Vanh	TOTAL	ADU 24
TO CAUSE OF DEATH	Enter only one cause per l	77/-TO-0404		- A.D.	1457	INIT	ERVAL BETWEEN
PART I, DEATH V	WAS CAUSED BY:	42 Cerema	of Pana	11 7			SET AND DEATH
1574 IM	MEDIATE CAUSE (6)	E STOCKET		ugio/			y manne
Gendina II	DUE TO		*				
Canditions, if ony,	diate	· · · · · · · · · · · · · · · · · · ·	·····				
tying couse lost.							
	(c)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVE	N IN PART 1(a)	9. WAS AUTOPSY
ATIO						a water that	PERFORMED?
20n ACCIDENT WAS III	NDERLYING ET 20h DE	SCRIBE HOW INJURY OCCURR	FD. (Enter nature of injury in	Part I or Part II of	item (8.)		113 🖸 110 🚨
PART II. OTHER S	CAUSE OF DEATH		and the same of th		,		
Haur o.m.	While	Nat while	LACE OF INJURY (Home, for actory, street, office bldg., et		own)	(County)	(State)
	or we	ork of work	7	110.0	7-6		
21. 1 certify that	I attended the decea	17	, 19.5 X, ta	gang			aw the deceased
alive on	12	12,, and that death	h occurred at 4.60				
ACTUAL (	nt		21111	ADDRESS (Street,	cily ar tawn, s	late)	DATE SIGNED
SIGNATURE	n U IM	NC.	M.D. 2021	rojo misic	77		9-10-09
PHYSICIAN'S NAME (Type)	4NDT	IRCO	HAGEL	STOWN	mD		
	22b, DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	(City, town, or	r county)	(State)
Burla!	4-22-1959	Rose Will 6	emetery	Ragers	owne M	arvlan	4
23. FUNERAL DIRECTOR'S SI	SNATURE	ADDRESS	24a. REC	D BY REGISTRAR	24b. REGIST	TRAR'S SIGNATU	RE
John 1	Walson 7	, Naguelou	n mo DATINAP	R 2 3 '59	avil	un & flow	A

FIRST CERTIFICATE OF DEATH And the same of the same . , , N at This star way the course BEAUTY OF STREET WAS AND A STREET bushed experience or the said and the state of the production of the state of the

09,

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

019	CERTIFICATE	OF DEAT

04799

	4812 CERTIFICA	AIE OF DEATH	Reg. Dist, No.
1	1. PLACE OF DEATH O. COUNTY  IN AS AIN GTO N  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If b. C	institution: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write. c. LENGTH OF STAY IN 16 RURAL and give regrest lawn) HAGERS TOWN 2 WEEKS	c. CITY OR TOWN (If autside corporate ) limits,  M: DDL F To WN	write RURAL and give nearest fawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION STATE HISP.	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED First Middle DECEASED (Type or print) Lelia Frances	CINCIPELUS 4. DATE OF DEATH	Month Day Year Cypril 7, 1937
	FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 2	8. DATE OF BIRTH  3 1 2 1 198 8  9. AGE (1)  Solution	n years if UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	VIRGINIA	12. CITIZEN OF WHAT COUNTRY
	WILLIAM S'MITH	CARRIE LIT	TEN
	(Yes, no, or upknown)   (If yes, give war or dates of service)	NFORMANT US Felo 21. Stepe	Middleton Md.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PULTO DUE TO	edema + periton	interval between onset and death
)	Conditions, if any, which gove rise to immediate couse (a), stoling the under-	carcinomatosis	4 mos,
	lying cause last. (c) OUCIPICIN C		13 mos
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH III 20b. DESCRIBE HOW INJURY OCCURRE III ETHER. NOTIFY MEDICAL EXAMINER		PERFORMED? YES - NO
		D. (Enter nature of injury in Port I or Port II of item	18.)
	Hour o. m. 19 While Not while of work Ot work	ACE OF INJURY (Home, form, 20f. (City or lown) lary, street, office btdg., etc.)	(County) (State)
	21. I certify that I attended the deceased from March	025, 19 59, to Cypril 7, occurred at 6:25 P.M. from the co	
1	ACTUAL Glorge Beron	ADDRESS (Street, city of M.D. 1500 PENNSYLVA	
*	PHYSICIAN'S DR. G. BERCU	HAGERSTOWN, MA	RYLAND
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 4/10/59 ROSE HILL		
	Fred W. Krains Hagerston, M	240. REC'D BY REGISTRAR 24	b. REGISTRAR'S SIGNATURE  Circling & House

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executed within 24 hours after death. Page 4 may be retained by 10/21 10/21 10/21 by 10/21 by

AT ATRICATE OF STATISTICS OF STATISTICS S AND THE THE PROPERTY OF THE PARTY OF THE WALL SHALL WAS TO BE TO SELECT THE STATE OF THE SERVICE OF THE ALV CARRIERIA WHITE CARRIE CARRIE I'M dela & alice " He seller on " Yes and the same of th We sent that we had been

FOR STATE		4813AEDICAL EX	AMINER'S			ATH Reg. Di	4801 st. No. 302
HEALTH DEPT.	W	LACE OF DEATH  1. COUNTY  2. Shing ton  CITY OR TOWN (It outside corporate firmits, write BURAL on LENC and give necested form)	MARYLAND TH OF STAY IN 16	2. USUAL RESIDENCE (WHO "NAT'Y) and c. CITY OR TOWN (IF o	We	Sington	
Baai	-		HTB	Mager:  A. STREET ADDRESS  near Funi		2 # 3	e. IS RESIDENCE ON A FARM? YES X NO
the function of the function of retained for the State for death.		NAME OF First DECEASED Type or print) OSCAR MASO		RTZ tost	DATE OF DEATH APT		Day Year 59 19
th. If ar and 3 to 5 may be 2 with hours after	5. 5	Male    6. COLOR OR RACE   7. MARRIED   NI   WIDOWED   NI   USUAL OCCUPATION (Give kind of work done   10b. KIND OF I	DIVORCED [	Jany 5 1874	4   88	yrs. Months	TEN OF WHAT COUNTRY?
fler dea s 1, 2, a f. Page ss 1 and thin 72	Ľ	Farming  Farhers NAME	-	Downsville	e Wash.	Co Ma 12, cm	USA
Give Poges in form PM3.  File pages ony event with	15.	SEMIEL ATTZ  WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL S  (It yas, give wur or dofer of service)  NO	ECURITY NO. 17. INF		tt Stift	Address	R # 3
uted within them 18. adone with permits and in conding the conding		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b. PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		near Funk			INTERVAL BETWEEN ONSET AND DEATH
ould be exect in pencil in annual confice of burich-from n, or remove		Conditions. if any, which gove rise to immediate couse (b), stating the underlying couse lost.	tured Skull	l(closed) & a	hock		
ficate sh pending cat Exam used on remotio	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	NG TO DEATH BUT NO	DT RELATED TO THE TERMIN	AL DISEASE COND	ITION GIVEN IN PAR	1 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
word "  " Media  wid Be		FRIMARY 10 or CONTRIBUTING CI CAUSE OF DEATH. Fell ov	er wagon	ter nature of injury in Part I			
MINER: T	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY Co. m. 10:38 mxx Apr. 219 5 at work at 21. I certify that I took charge af the remains	ot white loctors work Hi	OF INJURY (Home, farm, y, street, office bldg., etc.) Phway e, held an Autopsy	Rural	Funkstawn	Wash Md
for for for good, by died agent,		opinion death resulted from: Natural causes  ACTUAL SIGNATURE S. Policy Lui	, Accident Z	Suicide , H	omicide [],		
Try Me the the the the the the the the the th		EXAMINER'S S. Robert W		ASSISTANT MEDICAL EX	AMINER (B)		23-59
A Sheet		Burial 4/25/59 Re	st Haven  Dress	Cenetery	Hagers	town, or county) town Mas] 246, REGISTRAR'S SIG	
VS. A13ME 5M 2/57		Andrew K. Coffman Hagers	town Md.	DATE	R 2 8 59	Clothun	

START TO STADE IN CANDIDE STORMED STATE OF DEATH Chairman production of the same Provident State of Chairman and the same of th 

executed within 24 and requires that ۵ signed RAL DIR FUNERAL D he 2 VS A15 (4) ISM 9/S5

death; Page



REMOVAL (Specify)

Burial

23. FUNERAL DIRECTOR'S SIGNATURE

Rest Haven Funeral Chapel Inc. Hagerstown, Md.

ADDRESS

4/27/59

04802Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived, 1f institution; Residence before admission) Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO IX Day Yeor April 19 59 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 12. CITIZEN OF WHAT COUNTRY? USA Weddles Mrs.R.B.Nicklas 220 N.Potomac St. Hagerstown.Md. INTERVAL BETWEEN ONSET AND DEATH 20 detre 12 hrs PERFORMED? YES NO IX (County) (State) 19\_52 that I lost sow the deceased 59\_\_, and that death occurred at 8:30p.M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED N. Potomac Street 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) Rest Haven Cemetery Hagerstown Md .

240. REC'D BY REGISTRAR

DATE APR 2 7

24b. REGISTRAR'S SIGNATURE

Orthon S. House

HTASO TO STADRITHED The state of the s Makes with six and the Downson of State LE LAND TEST OF THE STATE OF TH

Howard

22b. DATE THEREOF

NAME [Type]

220. BURIAL, CREMATION.

23. FUNERAL DIRECTOR'S SIGNATURE

Day Month IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address INTERVAL BETWEEN ONSET AND DEATH DOIN WILLIAM PERFORMED? YES | NO (County) (Slate) \_\_\_\_\_, 19\_\_\_\_,that I last saw the deceased P.M., from the causes and on the date stated above. DATE SIGNED 22d. LOCATION (City, lown, or county) 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Orthun S. Kraus

Hagerstown

DATE MAY 5

22c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

Fairview Cemetery

Rea. Dist. No.

e. IS RESIDENCE

ON A FARM

YES NO

page 0 VS A15 (4) 15M 10/57

31,52 . NATION LABOUR ARREST SERVICES ABOUTO films to he more repr . 5 = = 2 11 A A A E L Application readed to the date go'll gesoa'l ITZE.OC. 3:0 a learling A STATE OF THE LEGISLE edess, da with a cel peded of a level The season of the series of the property of the series of the

4816 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. (f institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town Va gerstown d. NAME OF HOSPITAL (If not in haspitat, give street address)
OR INSTITUTION e. IS RESIDENCE H. STREET ADDRESS ON A FARM? YES NO ILL ashin NAME OF First Middle 4. DATE Menth Year Doy DECEASED OF DEATH (Type or print) 19./ 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF SIRTH 9. AGE (in years last birthday) 5. SEX 7. MARRIED NEVER MARRIED DIVORCED [ WIDOWED | YES. 0 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY LV. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) House Wi 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME MPY WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: mo IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which permit gave rise to immediate DUE TO cause (a), stating the undericate has been si lying cause last. 6 CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY Soval, PERFORMED? YES NO P 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRISE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a. m. While Nat while at work at work p. m. 19.54 21. I certify that I attended the deceased from \_ mer. and that death accurred at 1:40 A 1M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) # 5/5 ACTUAL SIGNATURE shoule PHYSICIAN'S NAME (Type) 220. SURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 50m1a 23. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS 24g. REC'D BY REGISTRAR 246 REGISTRÁR'S SIGNATURE 6 '59

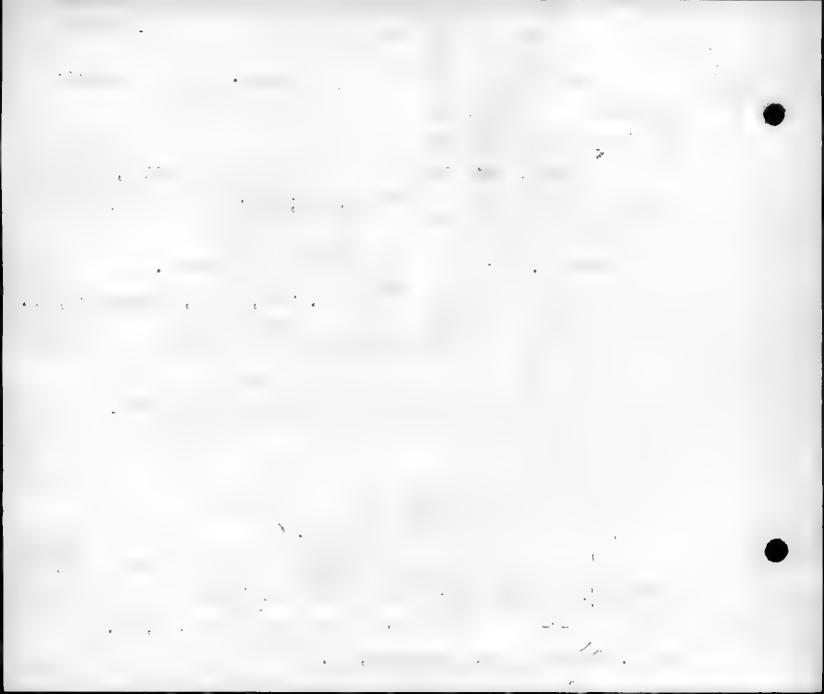
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



that the

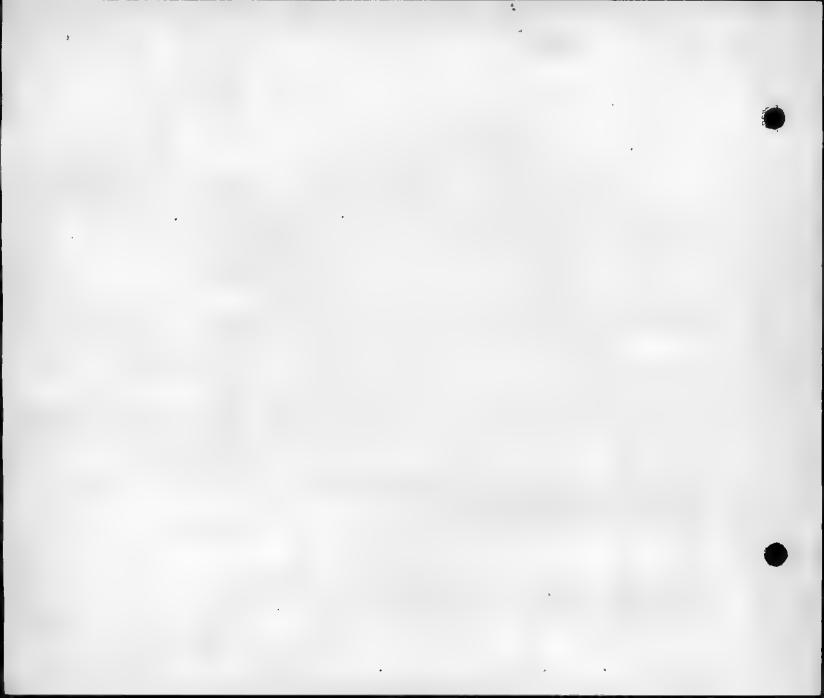
2081201XVI

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

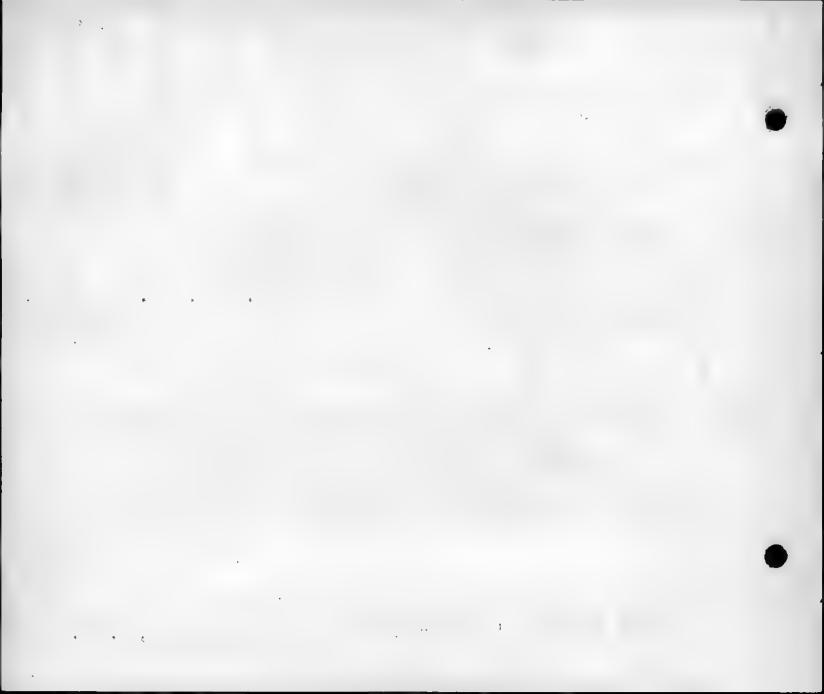


VS A15ME 5M 2 57

Items 18-21	Film Car	AND 5	ATE DEPAI	KIME	NI OF HEAD	IH-BA	LIIMOKE,	()	1806
	4818	DICA	LEXAMIN	IEK'S	CERTIFIC	AIE OF	DEATH	Reg. Dist.	No. 302
1. PLACE OF DEATH				-	2. USUAL RESIDENC	,			before admission)
a sh	ngton			YLAND	"Maryland Wash Tton				
D. CITT OK TOYY(4 [If	autside corporale hmili, wir i	FURAL	c LENGTH OF STAY	IN 1b	1		porate limits, write	RURAL and giv	e negrest lown)
Hagers.	town		4 Hrs			rstown	1 R # 5		T is see boy s
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d STREET ADDRES		5 7/8 cm		ON A FARM?	
"ash. county Hospital							YES X NO		
DECEASED (Type or print)	ESTHER			UMG	ARDNER	OF	April 2		
5. SEX	6. COLOR OR RACE	7. MARRIEI		- T					AR IF UNDER 24 HRS
Female	White	WIDOWED	DIVORCED		Dec. 14 1	897	61 77	Months Days	Hours Min.
10a, USUAL OCCUPATIO	N (Give kind of work in graft of the state o			INDUST				1.	OF WHAT COUNTRY?
Houdewife	<u> </u>	0	wn Home			-34 -	ran lin	Lo	USA
13, FATHER'S NAME	Vashm				14. MOTHER'S MAIDE	y Hant	N1191CF		
George 15. WAS DECEASED EVI		RCES2 16 S	OCIAL SECURITY NO	17 16	FORMANT	y Hebrin	Address		Traper Salari
No. no. or unknown)	(If yes, give war or dotes of	service)	None		ank B. Ba	umgard		erstow	m R #5
	H [Enler only one cou	se per line f			-	Larvi			NTERVAL BETWEEN
PART I DEAT	H WAS CAUSED BY:		Undets	ermit (	ed///pendi	2			HISET AND DEATH
970.8	DUR TO								
Conditions, if of		isoni	ng due to	ove	rdose of				
gave rise to immed (a), stating the			Pota	assi	um Thiocy	vanate			
covie fost.	ER SIGNIFICANT CON	DITIONS CO	NTRIBLTING TO DEA	THE BLIT N	OL RELATED TO THE T	EMINAL DISEAS	SECONDITION GIV	FN IN PART 1(a	WAS AUTORSY
PART II. OTH  200. EXTERNAL CAL PRIMARY G or COT CAUSE OF DEATH.	ek stotet teatr core		10.100		V		VE COMP	ELI HAT CONT. I (O	PERFORMED?
200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	ISE WAS 20	b DESCRIBE	HOW INJURY OCCU	RRED (E	nter nature of injury in	Part 1 or Part 1	1 of Hem 18.)		
		Too	ok over d	ose.	of Blood	pressur	e pills		Mandadania a v
20c. TIME OF INJUI		While	Mat white	facto	E OF INJURY (Home, iry, street, office bldg., home	form, 20f. (Cit etc.)		(County)	, , ,
	4-26-599	of wor					gerstown		
	at I taak charge resulted fram: - 1			_				Inquiry [	
opman deam	resurred from: 1	valual c	duses [], Acc	ideni [	], Suicide [A],	riamiciae	Undelei	iminea mar	ner Z
ACTUAL SIGNATURE	1 steer	The	ella		_M.D. CHIEF MEDICA	L EXAMINER	)		DATE SIGNED
EXAMINER'S NAME (Type)	S. R	obert	Wells, M.	0.	ASSISTANT ME DEPUTY MEDIC		-	2	1-27-59
220. BURIAL, CREMATIO REMOYAL (Specify)	N. 726 DATE THEREC	1	72c. NAME OF CEME			L	TION (City, fown, o		(State)
Burial  23. Funeral Director			reen Hil	1 C					in Co Pa
		n Ha-		h, 2		REC'D BY REGIS		TRAR'S SIGNA	
WildLen V	C. Coffga	n nap	'SLB LOMU	Pr.C.	DATE	APR 3 0	29 C	lathur S. 1	Court



1	П	MARYLAND STATE DEPAR	TMENT OF HEALTH—BALTIMORE	
se (M)		4880 CERTIF	ICATE OF DEATH	(14807 Reg. Dist. No.
Filed wit		ACE OF DEATH COUNTY UUS/1175660N MARYLI	2. USUAL RESIDENCE (Where deceased lived If institute of STATE b. COUNTY of STATE b. COUN	
Pe Pe		CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	1 lb c CITY OR TOWN (If autside corporate limits, wri	te RURAL and give nearest town)
9		William Sport / mol on to make OF HOSPITAL (If not in haspital, give street address)		75 X 2
090		OR INSTITUTION  WILLIAM TO THE STATE OF THE SAME LANGUIT	d Street ADDRESS 2245. Termessee	Hie. Is residence on a farm?  YES NO
0		AME OF First Middle ECEASED CATherine Ree.5	ex Blondel DEATH APS,	Month Day Year 1959
2	5. 1	MARKIED NEVER MARKIED	B. DATE OF BIRTH  9. AGE (In ye lost birthdo	
	1	emule ahite WIDOWED DIVORCED	1/225, 1858 10L	yrs. Manths Days Haurs Min.
d p	10a	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired)	INDUSTRY 11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY
dec	_	ousewife At Home	l'ennsylavania	LL S. 17.
ife	13.	ATHER'S NAME	14. MOTHER'S MAIDEN NAME	
200	_	JAHN GENHANT	Emmeline Riese	' <i>K'</i>
72 ha		VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 10. or unknown) [1] yes, give wor or dates of service] None	Mrs. Catherine (Co	Ave. Martinsburg
hin		B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]	1	INTERVAL BETWEEN
3 =====================================		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	THE HEDIT FOILURD	ONSET AND DEATH
200		422.1 DUE TO		
any		Conditions, if any, which ) (b) the there-3	governt (co ide vous	2 ds
2.5		gave rise to immediate couse (o), stating the under.		
E T \	_	lying couse last. ) (c)		
ਰੂ ≛ /_	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	PERFORMEDS
		20. ACCIONAL MASS IN DESCRIPTION OF THE 20L DESCRIPTION OF THE PROPERTY OF THE	None	YES NO
י, םר זפ	IL CERTIF.	OR CONTRIBUTING LI CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER)	CURRED (Enter nature of injury in Port I ar Part II af ilem 18.)	
emotia	MEDICAL	Oc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 2 Haur a. m. 19 White Nat work 10 twark 11 of wark 12 the 12 the 12 the 13 the 14 the	De. PLACE OF INJURY (Home, form, 20f. (City ar town) factory, street, office bldg, etc.)	(County) (State
, co		21. I certify that I attended the deceased fram.	2 ' / ' -	57, that I last saw the deceas
Duri		alive an Italian, 19 7, and that a	eath accurred at 11_12_M, from the cause	
무	L	ACTUAL 277/3 /64	ADDRESS (Street, city or to	wn, state) DATE SIGN
Dr.ia.		SIGNATURE TYPE TO THE STATE OF	_M.O. 73 CC 10 Tonso	S THE BLY LE
istror p		PHYSICIAN'S NAME (Type)	- Chillemapert	10/1
9		BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMET		vn. or caunty) (State)
n n n	1		111 Cemetery Martinsbu	
4) 57	73.	Where Directions such a ture Williams pol		EGISTRAR'S SIGNATURE  Dathug S. Hours

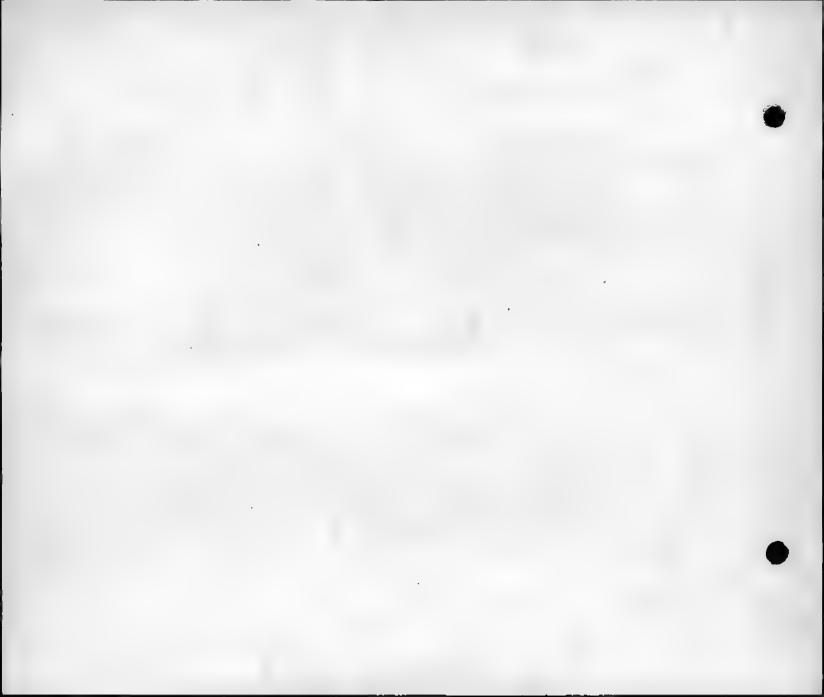


VS A15 (4) 1SM 9/S8

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()4808 Reg. Dist. No. 4819 **CERTIFICATE OF DEATH**

<u> </u>											
1 (	PLACE OF DEATH G. COUNTY	shing for		MAR	YLAND	2. USUAL RESIDENCE (WHO O. STATE	4	COUNTY	Residence b		nission)
	b CITY OR TOWN (IF RURAL and give nec	outside carporate limit	s, write	c. LENGTH OF STAY	' IN 16	c. CITY OR TOWN (If o	utside corporate lin	nits, write RUR	AL ond give	nearest to	own)
	Magarst	e 1		47 day	45	Haure a	le Grad	e /	12 m		
	d. NAME OF HOSPITA	NE (If not in hospital, gi				d STREET ADDRESS					RESIDENCE
U	restern m	d. State	4051	oital_		553 Gira	rd stre	27			□ NO 🗹
	NAME OF DECEASED (Type or print)	ETHE.		Cunk now		Boston	4. DATE OF DEATH	Month	ril a	Day 20	Year 19.5 9
5. 5	SEX			RIED NEVER MARR		. DATE OF BIRTH			UNDER 1 YE		
7	Female		WIDOW			September i, i	1890 6	birthday) A	Manths Day	rs Hous	rs Min
Оa	USUAL OCCUPATIO	N (Give kind of work of	one 10b	. KIND OF BUSINESS (		RY 11 BIRTHPLACE (State			12. CITIZEN	OF WHA	TCOUNTRY
	most of worki	ng life, even if retired)				mary	and		7/01	hord	State
3.	FATHER'S NAME	V/				14 MOTHER'S MAIDEN N					
	20,11	Stansbur	-21			martha	Frede	rick.			
	WAS DECEASED EVER	IN U S ARMED FOR	ES? 16.	SOCIAL SECURITY NO	D. IN	FORMANT		Addres	\$		
	ino or unknown) (1	f yes, give war ar dates of se	LAFOR)		7	atient					
				ine for (o), (b), and (c)							BETWEEN ND DEATH
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bro	onchopned	mor	via bilate	ral			400	545
	422.1	DUE TO									9
	Conditions, if an	y, which ) (b)	PUI	Imovery e	den	ne and cong	gestion			5 ch	1145
	gave rise to in cause (o), stating t	mediale (									0
	lying couse last	(c)	ar	terioselei	otic	cardiovaseu	lar dis	erse	3	sera l	years
Ś	PART II OTHI	ER SIGNIFICANT CON	OITIONS	CONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION G VEN	IN PART 1(c		AS AUTOPSY
Š	0 H4P6	ertension	. 05	sential	@	perebral so	lerosis				NO 🔀
	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY					. (Enter nature of injury in F		tem 18.)			
MEDICAL		Month, Day, Yea	r 20d. I	INJURY OCCURRED	20e PLA foct	CE OF INJURY (Home, farm ory, street, office bldg., etc.	, 20f. (City or tov	rn)	(Cour	ily)	(State
-	р. п	19		rk at work			1				
			deceas	sed from ///cir	cn 4	, 1959, to Cy	Dr1/ 20	_, 19 <b>_5%</b> th	at I last s	aw the	decease
	alive on ap.	r11 20	_, 199	52, and that	death	accurred at 45 A	M, from the c	auses and	on the d	ate stat	ed above
	,	- 0.4					ADDRESS (Street, ci	ty or town, sto	ote)	D	ATE SIGNE
	SIGNATURE US	tur J. Pa	me	B-	A	D. Western /	nd. Stat	E HOSPI	tal	apr	11/201
	PHYSICIAN'S NAME (Type)	CTOR L,	Per	mos		Hagersto	WN, Ma	rylan	d		
?2a	BURIAL, CREMATION	N, 226 DATE THEREO	F	22c. NAME OF CEM	ETERY OR		22d. LOCATION (			(5	itale)
1	REMOVAL (Specify)	4/25/	59	St. Jan	00	excelosed	House	D. 9.	1440		Zus
3	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	CO	24a. REC'I	BY REGISTRAR	24b. REGISTE			
7	Flance,	EkBully	h	Hame	le 95k	wer med DATE AT	PR 2 8 '59	and	ing L. T	house	





TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4

TO FUNERAL DIR

VS A15 (4) 15M 9/55

9, 1

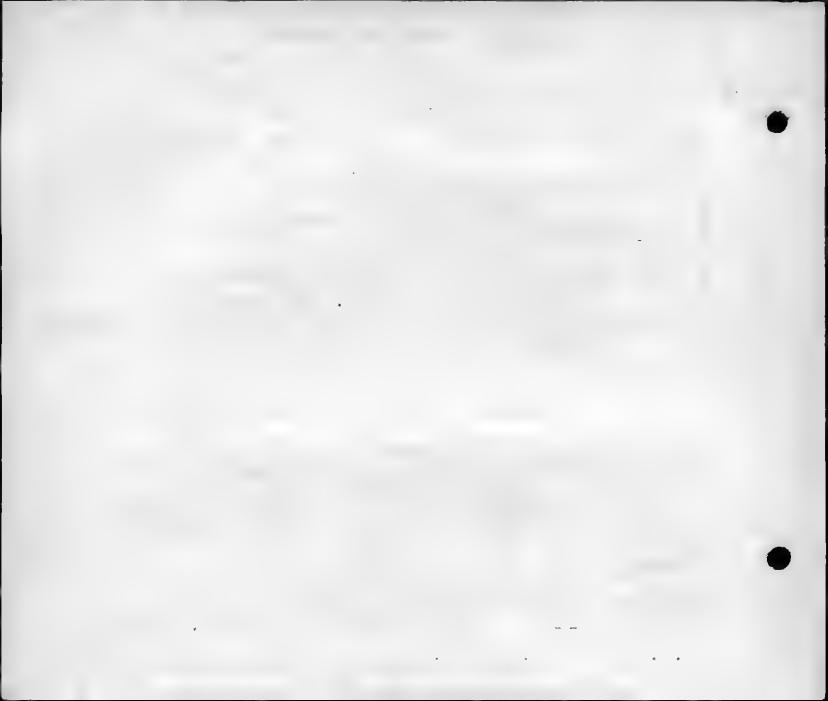
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4820

### **CERTIFICATE OF DEATH**

(1481() Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY	Ingt <b>en</b>		MAR	<b>FLAND</b>	2. USUAL RESI	DENCE (Who		red. If instituti b. COUNTY			mission)
Ì	b. CITY OR TOWN (II RURAL and give no Hagerstoy		ls, write	c. LENGTH OF STAY		1 _	rederi	itside corporote	a limits, write F	RURAL ond gi	ve neorest 1	own)
,		At (If not in hospital, o	e Ho	oddress) spital		d STREET A		st Fift	h Stree	t	0	RESIDENCE N A FARM? NO DE
	3. NAME OF DECEASED (Type or print)	MARCA		Middle		BRU	157	4. DATE OF DEATH	Moi A P		Day 2	Yeor 19 <i>5</i> 2
	5. SEX			IED NEVER MARR		Nov.	H	893	AGE (In years last birthday) 6 5 yrs.	Months [	YEAR IF U	NDER 24 HRS.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZ during most of working life, even if relired)							ZEN OF WI	IAT COUNTRY?			
	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
	Ephriam I	Pagle				Harr	iett /	lbaugh				
	15. WAS DECEASED EVE	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. H	NFORMANT			Add	ress		
	Yes, no or unknown) (	It yes, give war or dates of s	trvice)	None	Etl	nel B. B	rust	(Same	as item	#2)		
		TH [Enter only one co							41747-14-4-		INTERVAL	BETWEEN
1	PART I. DEA	TH WAS CAUSED BY.	Per	monary e	dem	a + co	nges	TION				ND DEATH
	154x	TH WAS CAUSED BY. IMMEDIATE CAUSE (o		J		Ĺ	e) +, lou	ver leb	¢.			0
/	Conditions, if or	ry, which ] /b	Lo	bular p.		minia				~4	4	77
	gove rise to it couse (a), stating t	nmediate DUE TO	Em	bular p.						, ,		
	lying couse lost	(c	Cal	recipom	act	Rectu	m d	DELVIO,	metasi	fasis	6	years
,	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE C	ONDITION GIV	VEN IN PART	1(a) 19, W	AS AUTOPSY REORMED?
	3 14401	ronephro	5/5									NO 🗌
	PART II. OTH	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DES	TRIBE HOW INJURY O	CCURRE	). (Enler noture o	of injury in P	ort f ar Part II	afitem 18 ]			
	20c. TIME OF INJURY Hour o. m. p m.	f Month, Doy, Ye	While	NOT while		CE OF INJURY ( dory, street, office			lown]	(Co	ounly)	(State)
	21. I certify th	at I oftended the	decease	ed from mo	arch	11. 1959	to a	Pril 2	195	Zithat I la	ost sow ti	ne deceased
	alive on a	orila		59, and that			3,550		he causes o	and an the		
1	ACTUAL SIGNATURE	Victor	L. X	ann		M.D. West	,		TE HUS	pital	aj	001/2,195
NO.	PHYSICIAN'S NAME (Type)	VICTOR	2. E	amos		f+a	gersi	bun,	more	lane	7	
	220. BURIAL, CREMATIO REMOVAL Specify		F	22c. NAME OF CEM				22d LOCATIO				State)
		4-6-59		Mount Ol	ivet	Cemeter	y	Freder	ick, Ma	rylane	l	
	23 FUNERAL DIRECTOR'S	s signature Lieon & Son	E-	ADDRESS	n reserve	and	24g REC'D	BY REGISTRAL	24b REGI	STRAR'S SIGI	NATURE	
	Fig. 1to E.UCI	TAUR OF BUR	PIT	SHELLER'S W	T.AT	I.F.	DARPR	8 '59	aut	wo 2 #6	Ama	



D	]
FOR STATE	i
THE A REPORT OF PERSONS	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certifier, writing the word "pending" in pendil in firm 18. Give Pages 1, 2, and 3 to the funeral deform. Page 4 should be for each first Medical Examiner's Office along with form PM3. Page 5 may be retained to first.

TO FUNERAL DIRECTOR: Page 3 should be resed as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its destignated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

HEALTH DEPT

tems 18-21 Film 24 LAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04811

	7,004				Reg. Dist. No.
1. PLACE OF DEATH	3061		2. USUAL RESIDENCE	Where deceased lived If instituti	an Residence before admission)
a. COUNTY	Washington	MARYLAND	o state Md.	6 COUNTY	Wash.
b. CITY OR TOWN and give negrets for	(If outside corporate limits, write BURAL	c. LENGTH OF STAY IN 16	c CITY OR TOWN (I	f outside corporate fimits, write f	URAL and give nearest fown)
11	rstown	14 yrs.	1 63 Hagerst	town	
d NAME OF HOSPI	ITAL OR INSTITUTION (If not in	hospital, give street address)	d STREET ADDRESS		e. IS RES DENCE
1318	Glenwood Ave.,		1318 GJ	Lenwood Ave.,	YES NOW
3, NAME OF DECEASED (Type or print)	Sylvester	Middle	Buckler	4. DAYE Month OF DEATH 4	18 19 59
5. SEX			DATE OF BIRTH	9. AGE (In years	FUNDER TYEAR IF UNDER 24 HRS
male		WED DIVORCED	Jan. 2, 1912	fort birthday) 47 yrs	Months Days Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work done 1) ing life, even if refired)	Ob. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
furniture		Brandts	St. Marys	County, Md.	USA
13. FATHER S NAME			14 MOTHER'S MAIDEN		
Isi	ah Buckler		Agnes	Tippett Hill	
15. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	belander and the second
no	(it you, good wor or advance in the real	215-26-2139 Mr.	s. Alice Buck	der Hagersto	own, Md.
18. CAUSE OF DE	ATH Enter only one couse per	line for (a), (b), and (c) ]			INTERVAL BETWEEN
PART I. DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Ohaeternined h	666141111111	11111111	ONSET AND DEATH
970.	DUE TO	TATACON TO THE WAR TO	waren un en	sy/report	Phot Street, when the summable
Conditions, if		Acute Fhenob	arhital Pois	soning	
gave rise to imm	ediote come	110000 1110100		70112110	
(a), stating the	the state of the s	Astiration o	f vomitus		
	J (c)	S CONTRIBUTING TO DEATH BUT I		INIA! DISEASE CONDITION GIVE	TOTAL SAME OF LAND SAME AND SA
PART II. OT	THE STORM CARLE GOLDEN	Market W 2 delivered market per part of the part of th	TO SEEMED TO THE TERM	HAVE DISEASE COMPUTION OFFE	PERFORMED? YES X NO
20a. EXTERNAL CA	USE WAS 20b DESC	CRIBE HOW INJURY OCCURRED (	Enter noture of injury in For	I f or Part If of item 18.)	_
	To	ook over dose o	f Fhenobarbi	ital tablets	
20c. TIME OF INJU	URY Month, Day, Year 2	Od. INJURY OCCURRED 20e PLA	CE OF INJURY (Home, fore	, 20f (City or town)	(County) (Stote)
9:00 pm	X 4-17-5919 V		tory, street, office bldg , etc home	Hagerstown	Wash Md
		ne remains described abo		<u> </u>	Inquiry , and in my
		al causes $\square$ . Accident	3F.		
ориноп веви	1 resulted from: Indiger	or couses [_], Accident	, Suicide [-],	namiciae [], Ungeler	mined manner
ACTUAL A	SI HILLY	Wells	CHIEF MEDICAL E	(AADDEN IT)	DATE SIGNED
SIGNATURE			_ ~		1, 00 50
EXAMINER'S NAME (Type)	S. Rober	rt Wells, M.D.	ASSISTANT MEDIC DEPUTY MEDICAL	NAS-	4-20-59
	ON, 226 DATE THEREOF	72c. NAME OF CEMETERY OF	CREMATORY	22d LOCATION (City, town, or	county) (Stale)
REMOVAL ISpecifi burial	4-21-59	St. Pauls		Hagerstown	Rural Md.
23 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	24e REC	A	RAR S SIGNATURE
Fred W. Kr.	aiss Hagerst	own. Md.	DATE		ithur & Haus
T Y C G 11.9 17.1	TIME CL SC		I DATE 1		7 404 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0



death. Page

death

requires that the

5" 15 X



# FOR STATE HEALTH DEPT.

91

Poge fills. to deputy Medical Examiner: This certificate she execute the certificate, writing the word "pending" 4 should be far exerted to the Chief Medical Exam TO FUNERAL DIRECTOR: Page 3 should be used as or its designated agent, prior to buriof, cremotion

VS. A15ME 5M 2757

4		-	mpr	- %
£	04	*	w	,
Đ	***		5	
80	4.5		٠,	
60	1		4	
61	n	Ü	0	
E		4	D	
	ъ	TO	90	
. =	-	(0)	403	-2
>	63	18	4	4-
0	-	Ö	P	Ω
10	4	=	S	4
Ü	an.	W-	400	v
>	Ě	40	2	E-
ε	-	8		ž
õ	В		-	*
	-	>	***	_
=	œ.	0	30	22
		Ε	lb-	5
غ	힏	M.	C4	0
44	10		_	-
2	0	0	힏	0
ñ	പ്	(2)	-	1
_	6.4	2	U	-
83		_	-	10
200	_		10	40.0
D	V7	m	60	15
	70	5	C)	ı P
- 5	ñ	-	Ö	-
긎	ے	_	0	- 5
2		Е	an's	- 5
milita	5	×	-2	- 6
25		2	ii.	
P	O	-		Æ
C		-		75
*#		15	=	-
Ab-o	60	P	Ε	.5
`≥	_	ch	- Am	_
	با	ě.	0	2
v	63	Ö	10.	-
60	2	7	des	-
5	_	-	12	-
		#A	-	
u	ga.	-		- 44
9	.=	<u>.č</u>	ō	ž
EXC	是是	الآر	Ē	27.01
exec		Office C	-tra	THOW C
e exec	encil is	Office	of-fra	remove
be exec	pencil is	S Office	riof-fra	remove
d be exec	pencil is	r's Office	uriof-fra	or remove
old be exec	in pencil is	er's Office	<b>buriot-trai</b>	or remove
ould be exec	in pencil in	iner's Office	a burial-transit permit. File pages I and 2 with the State Boot of the	ar removal, and is any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 489 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04813

	#0194			Reg	Dist. No. 302
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deco	osed lived. Il institution: Re	sidence before admission)
s. COUNTY Wa.	hington	MARYLAND	o. STATE Maryland	6. COUNTY W	shington
b. CITY OR TOWN IN	outside corporate limits, write EU	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If oulside co	rporote I mits, write RURAL	and give nearest town)
Hagerstown		24 years	Hager	stowa	
d. NAME OF HOSPIT	AL OR INSTITUTION (IF A	of in hospital, give street address)	d. STREET ADDRESS		e. IS RESID NOTE
71 No	ttingham Roa	d	71 Nottingh	am Road	YES NO I
3. NAME OF DECEASED	First	Middle	Lost 4. DATE	Month	Doy Year
(Type or print)	ARCHIE	OWEN	CAUFFMAN DEATH	April	15 1959
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	DATE OF BIRTH	fort book do a	ER TYEAR IF UNDER 24 HRS.
male	white w	IDOWED DIVORCED	July 10,1909	49 yrs. Manth	Doys Hours M'n.
10a. USUAL OCCUPATION during most of working	ON (Give kind of work don ig life, even if retired)	e 105. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign	country) 12.	TIZEN OF WHAT COUNTRY
Custodian		School Board	Blue Ridge Su	mmit, Pa. 1	J.S.A.
13. FATHER'S NAME		00	14. MOTHER'S MAIDEN NAME		
A	rthur C. Cav	IIIMAD.	Jennie	Nagle	
15. WAS DECEASED EV [Yes, no. or unknown]	ER IN U. S. ARMED FORCE (If yet, give war or dotes of serv	(m)	FORMANT	Address	
no		220-10-3019 Mr	s. Retha H. Canif	man Hagers	town, Md.
		per time for (o), (b), and (c).]	dlow mal		INTERVAL BETWEEN ONST AND DEATH
PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Lerebrel	- Hem we		A/w. 14/3
33/X	DUE TO	Contract of the same of the sa	Column.	0	
Conditions, if a		Cullus .	Darri		
(o), stoting the					
couse lost.	) (c)				
PART II, OTH		IONS CONTRIBUTING TO DEATH BUT N			ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	JSE WAS NTRIBUTING []	DESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Part I or Port I	l of item 18 }	
70c. TIME OF INJU	RY Month, Doy, Year		E OF UNJURY (Hame, form, 20f (City, street, affice bldg., atc.)	ly or lown} {	County) (Stote)
Hour o.m.	V Me	While Not white of work of work	N/		
21. I certify th	nat I taak charge o	f the remains described aba	ve, held an Autopsy	Inspection Z. Inq	uiry , and in my
apinion death	resulted fram: Na	tural causes . Accident	. Suicide . Homicid	e . Undetermine	manner 🔲
	27/12	00	_	_	4
SIGNATURE	XXII	- Cherry	M.D. CHIEF MEDICAL EXAMINER	]	DATE SIGNED
EXAMINER'S	1	2 . 7/1/	CASSISTANT MEDICAL EXAMIN	ER F	4/16/1
NAME (Type)	1.14	6 4 CVISA	DEPUTY MEDICAL EXAMINER		
220. BURIAL CREMATIC	IN. 226 DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 228 LOCA	ATION (City, town, or count	(State)
Burial	4/18/195	9 Rest Haven Ce		erstown,	Maryland
23 FUNERAL DIRECTOR	zer Funeral	Home	24g REC'D BY REGIS		SIGNATURE
1 mon to Fire		Hagerstown, M	aryland DATE APR 2 2	159 arthur	& tome



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2001

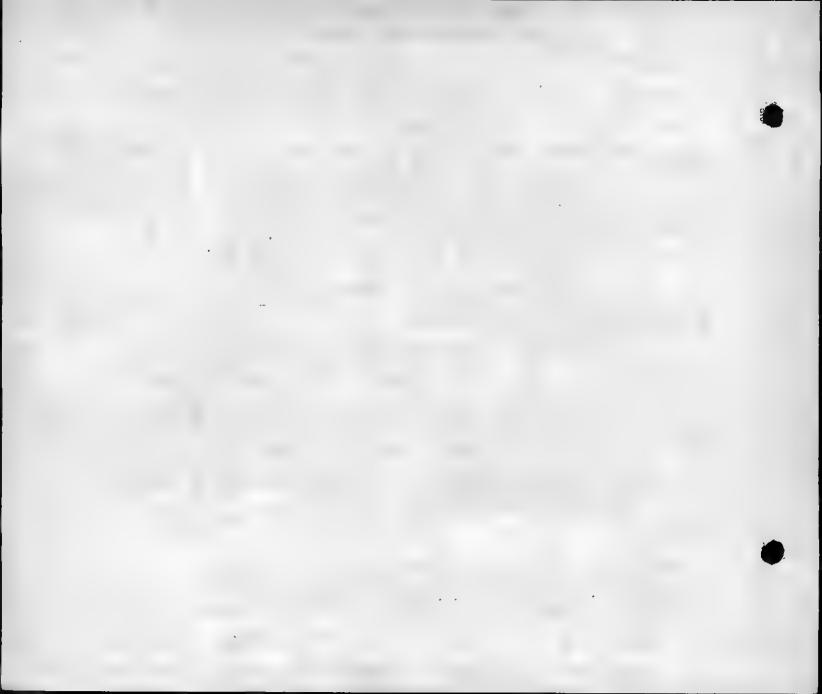
04814

	CERTIFICATE OF DEATH  Reg. Dist	No. 302
1	1. PLACE OF DEATH o. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived If institution: Residence of STATE DESCRIPTION  MARYLAND  2 USUAL RESIDENCE (Where deceased lived If institution: Residence of STATE DESCRIPTION TO THE PROPERTY OF THE PROPERT	e before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Hacerstown  6 Mos  Hagerstown	ve nearest fown)
J×i	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION TO Sh. County Hospital  A STREET ADDRESS  921 A Main Ave	e. IS RESIDENCE ON A FARM? YES NO D
	3 NAME OF First Middle Lost 4. DATE Month OF	Day Yeor 195919
-	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER I	YEAR IF UNDER 24 HR Doys Hours Min
	Service nan Folland Furnace Waynesboro Augusta Co	TEN OF WHAT COUNT
	Patrick H. Childress Martha (no record)	
	15 WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT  NO 19 INFORMANT Address 214-09-8875 Lrs Essie V. Childress 921 A	Main Ave
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gove rise to immediate course (a), stating the under-	energia
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPS' PERFORMED? YES NO
5 .	206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year Not Not while of work of	ounty) (Slot
	21. I certify that I attended the deceased from 2, 1938, ta 4 16, 1938, that I lo alive on 4, 1938, and that death occurred at 1, 1938, ta 4 16, 1938, that I lo alive on 4, 1938, and that death occurred at 1, 1938, ta 4 16, 1938, that I lo alive on 4, 1938, ta 4 16, 1938, ta	
!	SIGNATURE M. M.D. Hegustan Lay	DATE SIGN
egistror	PHYSICIAN'S NAME (Type)  220. BURIAL CREMATION, 22b. DATE THEREOF  22c. NAME OF CEMETRY OF CREMATORY  22d. LOCATION (City, Town, or county)	(Stole)
the re	Burial 4/18/59 Rose Hill Cemetery Hagerstown Was	Co Md.
	Andrew K. Cofinan Hagers fown ld.  240. RECIPRY REGISTRAS 240. RECISTRAS 240. REGISTRAS 240. REGISTRAS 3191	Totale



MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

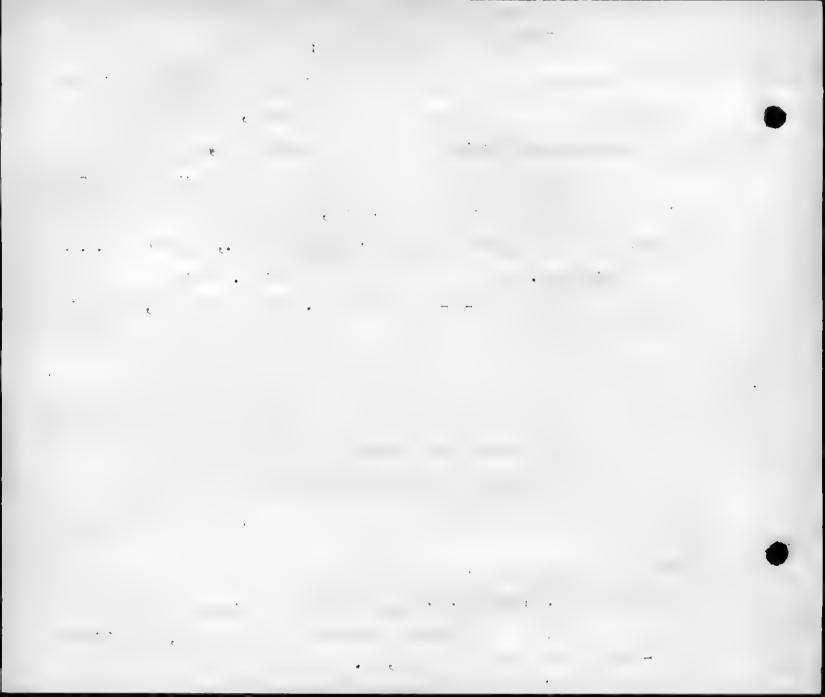


04816

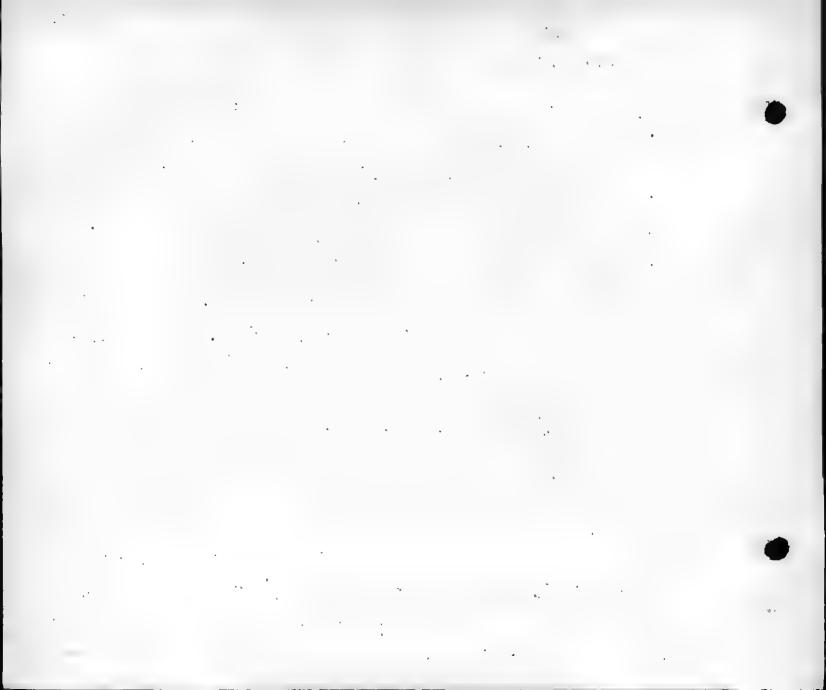
					1
		P,	iFh		1
מ		¥	3		(
		al director,	ge 3 should be conached for use as the burial-tronsit pount. Then please remove corbon papers. Pages 1 and 2 share the filed with		1
		0	Œ		
	ļ	D	42		
Š	b	ø	s		
	ı		ı		
	ľ	-	2		
5		Ξ	47		
1		å	<u> </u>		
3		С	ĕ		
		Ъ	0		
		<u></u>	-07		
		逗	9	,	
		~	2		
		100			
		ă	2		
,		Ē	ă	ż	
3		S	0	5	
,		P	ç	de	
		ō	8	40	
		5	0	Sffe	
,		Ü	9	50	
		12	ž	ž	
		듄	Ě	ध	
]		0	2	2	
		3.	9	1	
		ě	8	臣	
		÷	ā	ŧ	
		0	Ę	-	
		he	The	en	
		2	_	3	,
		UNERAL DIREC After this certificate has been signed by the attending physician and camplelely filled in by the	=	registrar prior to buriol, cremotian, or remayal, or in any event within 72 hours ofter death.	
		3	3	ŏ	
		C	3	.5	
7	Ė	4 27	10-74	8	
	9	0	SUG	0	1
	3	ě	TO	=`	
	É	S	To	34	
	-	h	ž	Ĕ	
	Ĕ	4	مّ	5	
	2	0	9	ö	
	Ē	Ę.	= 3	-	
	ő	er	ö	ō	
	ð.	S	\$e	O	
-	0	7	5	F	
1	ā	7	ę	Ü	
	ŝ	£	D	~	
3	É	×	he	ž	
4			ŏ	Z,	
4	\		P	0	
the section of the first feet from the first feet from the first feet from the feet fr	3	O	U	2	
	5	2	ف	Ę.	
E		ā	ă	٥	
-	2	7	0	ō	
	-	2	냓	53	
1	5	7	m	6	
1		S	98	F	

VS A15 (4) 15M 10/57

1	4090	9		Reg. D	Pist. No. 3UZ				
	1. PLACE OF DEATH	o COUNTY							
/	Washington	MARYLAND	Maryla		shington				
	b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)			utside corporate limits, write RURAL and	give nearest town)				
	d. NAME OF HOSPITAL (If not in hospital, give	7 days	Hagerst	own, M	10 DECIDENCE				
1	OR INSTITUTION  Washington County			ma a dena	e. IS RESIDENCE ON A FARM?				
	3. NAME OF First	Middle		MAC AVE	YES NO				
	(Type or print)	GEORGE	COSS	OF DEATH ADPIL	7 1959				
			B. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS				
	male white w	IDOWED DIVORCED	June 4, 1894	lost birthdoy) Months	Days Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ie 106. KIND OF BUSINESS OR INDUS	STRY   11. BIRTHPLACE (Stole of	or foreign country) 12 C	ITIZEN OF WHAT COUNTRY?				
	Roofer	Roofing contract		on Co., Maryland	U.S.A.				
	13. FATHER'S NAME	AME							
	William S. C.  15. WAS DECEASED EVER IN U. S. ARMED FORCES		MFORMANT Ann	de K. Justice					
	(Yes, no, or unknown) (If yes, give wor or dates of service	ret	Filliam C. Cos	Address Hagerstown, N	farrel and				
	18 CAUSE OF DEATH (Enter only one couse			114801000119 1					
	PART I. DEATH WAS CAUSED BY:	PART I, DEATH WAS CAUSED BY: ONSET AND DEATH							
	DUE TO	IMMEDIATE CAUSE (0) PRINCE 1-2 Wisels							
	Conditions, if any, which )	Who Till a decen							
	gove tise to immediate DUE TO	gove rise to immediate							
	lying cause lost. (c)	luga sama lad							
	PART II. OTHER SIGNIFICANT CONDITI	PART II. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?							
-	3 Cen, from	Clur, fit water, Cardine factore vestoro							
	PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CON	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part (or Part II of item 18)  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)							
			ACE OF INJURY (Home, form, trory, street, office bldg., etc.)		(County) (State)				
	Hour o. m. 19 c	While Not while 1900 of work of work	ciory, sireer, office blog., etc.)						
	21. I certify that I attended the de	21. I certify that I attended the deceased from 29 JUNE , 1958 to 7 APRIL , 1959 that I last saw the deceased							
	alive on 6 APRIL , 1959 , and that death occurred at 2:40 A M, from the causes and on the date stated above.								
	Across Ve of	ADDRESS (Street, city or town, stote) DATE SIGNED							
1	SIGNATURE COMMAND	SIGNATURE ( CHANGE TO 1135 POTOMAC AVENUE 7 APRIL, 19							
	PHYSICIAN'S NAME (Type) RECHARD To BEN								
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, or county)	(State)				
	Burial 4/9/1959	Rose Hill C	emetery	Hagerstown	Maryland				
	23 FUNERAL DIRECTOR'S SIGNATURE SUCCESSOR FUNERAL HO	ADDRESS IOME Hagerstown.		BY REGISTRAR 246 REGISTRAR'S S					
	The state of the s	MARC HERELECAND	Md Loave API	1 1 1 33   Chilling 4	/ Platile				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

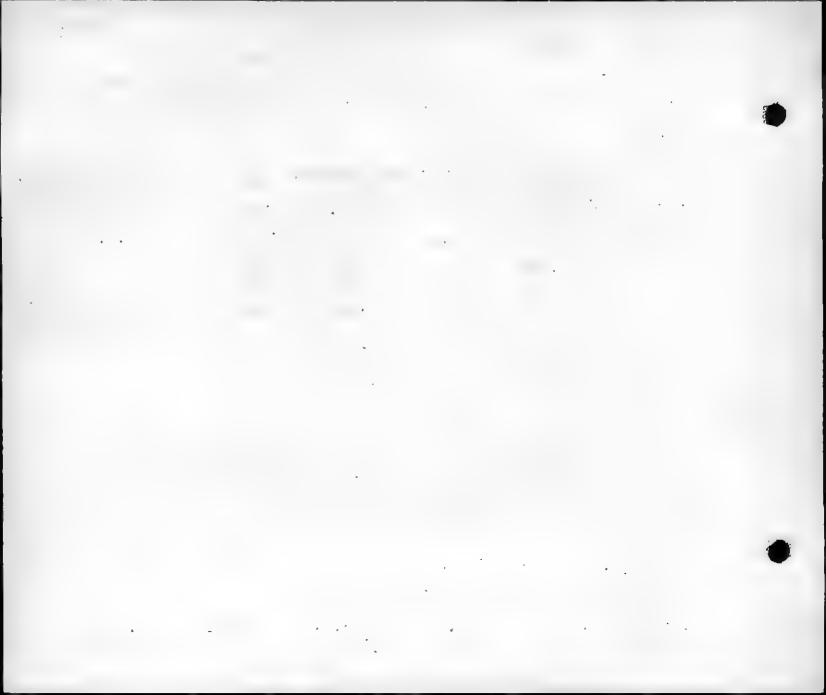
CENTIFICATE OF DEATH

04818

			4003	CERTIF	CERTIFICATE OF DEATH					Reg. Dist. No.		
	1. P	PLACE OF DEATH			2.	USUAL RESIDENCE (\	Where deceased live		lesidence before	admission)		
	6	Wa.	shington	MARYL	AND	Mary	aryland b. COUNTY Washin			ton		
			If outside corporate limits, v	vrite c. LENGTH OF STAY II	N 15	c. CITY OR TOWN (I			and give near	est fown)		
	H'g	airplay"	Md''RFD #1	15 yrs	y"	Fairplay	Md RFD	#1				
	· I	or institution	FAL (If not in hospital, give	street oddress)	1	Fairpla	У		e	IS RESIDENCE ON A FARM? YES NO TO		
		NAME OF DECEASED (Type or print)	Reba	Elizabet	h C	rampton.	4. DATE OF DEATH	April	Day	Year 19 50		
	5. S	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIES	1	ATE OF BIRTH	9 A	GE (In years IF U		F UNDER 24 HRS		
	I	Female	White w	DOWED DIVORCED	a   D	ec. 28 1		ost birthdoy) Mg	nths Doys	Hours Min.		
	10a	USUAL OCCUPATION	ON (Give kind of work done	106, KIND OF BUSINESS OR			te or foreign countr	y) [1	2. CITIZEN OF	WHAT COUNTRY?		
	ŀ	ousevif	king`life, even if retired}	Home		Maryland	ā.		U.S.A			
	13.	FATHER'S NAME			1	4. MOTHER'S MAIDEN						
		H	enry Swain			Anna	Wilson					
	15. (Yes	WAS DECEASED EVE	R IN U S, ARMED FORCES	? 16. SOCIAL SECURITY NO.	INFO	RMANT		Address				
		14.0	(If yet, and wor or dotes of service	None	Mr.	@liver	Cramptor	Fairp1	Lay Md	RFD #1		
		18. CAUSE OF DEA	ATH [Enter only one couse	per line for (a), (b), and (c).]	a	40	\ /.	line .	INTER	VAL'BETWEEN		
		PART I. DEA	TH WAS CAUSED BY: (b)	Allas a	Pol.	1 ture	dulisa	ROY	Olvas.	The state of the s		
		420.1	DUE TO		7				- (			
		Conditions, if o			/					/_		
		gove rise to i couse (o), stating	mmediate							*		
		lying couse last.	(c)									
U	CERTIFICATION	PART II. OTH	HER SIGNIFICANT CONDITI	ONS <u>CONTRIBUTING</u> TO DEA	OM TUB <u>H1</u>	T RELATED TO THE TER	MINAL DISEASE CO	ndition given i		WAS AUTOPSY PERFORMED?		
		OR CONTRIBUTING	AS UNDERLYING 20b CAUSE OF DEATH MEDICAL EXAMINER)	, DESCRIBE HOW INJURY OC	CURRED. (E	inter noture of injury i	in Port I or Port II o	fitem 1B }				
	MEDICAL	20c TIME OF INJUR		and majori occorning	Oe PLACE	OF INJURY (Home, fo	orm, 20f. (City or 1	own)	(County)	(Stote)		
	MED	Hour om, pm.		While Not while of work	100017	/ Sireer, office orage, (	1/1	-/-				
		21. I certify th	not l'attended ine de	ceased from	>/3	. 19 ta	41141	1/19 tha	t I last saw	the deceased		
		alive on	4/14/54	19 and that	death ac	curred at 30	AM fram he	-		,		
		_/1	11111111	2				city or town, state		DATE SIGNED		
		ACTUAL	CMIT	Alun 7	M D	Much	Dust to	set 11	0.4	157.57		
1		PHYSICIAN'S NAME (Type)		1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7000	0 11	10/-1		
	220	BURIAL, CREMAT C	7N/ 22b DATE THEREOF	22c. NAME OF CEME	ERY OR CE	REMATORY	220 LOCATION	(City, town, or co	unity)	(Stote)		
	E	BUTAT Pecify	April (17-			etery	Sharps		l.			
	23.	FUNERAL DIRECTOR	S. SIGNATURE / >/	ADDRESS #	- 130	/ / 24a. RE	C'D BY REGISTRAR	24b REGISTRA	R'S SIGNATURI			
	6	10000	1044 -L	ullamorely.	7//	DATE	PR 1 7 '59	Cuther	A Phonester			

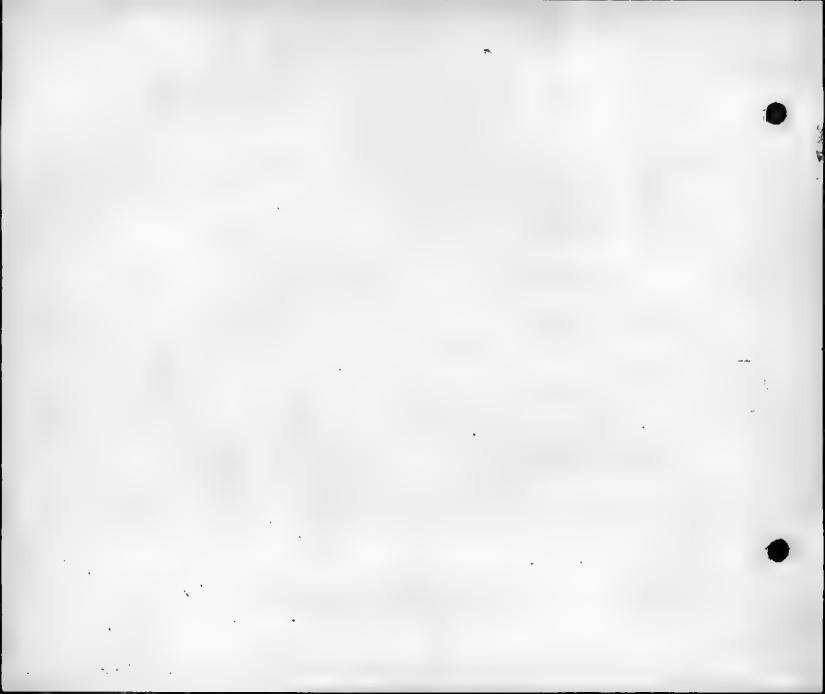
D FUNERAL DIRECTOR: After this certificate has deen signed by the attending physician and campletely filled in by the moreral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or remove and in any event within 72 hours after death. eath. Poge 4 NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft haspital or attending physician. TO HOSPITAL OR A TO FUNERAL DIREC moy be retoined VS A15 (4) 15M 9/5B

,



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 048194827 **CERTIFICATE OF DEATH** Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY filed b. COUNTY MERCYPHAN b. CITY OR TOWN (If outside cornerate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest down! ERSTOWN REDERICK ofter d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 3 ROAdWA YES NO IX NAME OF 4. DATE Middle Month Year Day DECEASED OF (Type or print) DEATH 1959 6 COLOR OR RACE AGE (In years lost birthdoy) IF UNDER I YEAR IF UNDER 24 HRS 5. SEX MARRIED X NEVER MARRIED B. DATE OF BIRTH Months Hours C01012 WIDOWED [ DIVORCED [7] yrs 19a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)

FARMER 13. FATHER'S NAME UNKNOWN IS. WAS DÉCEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Essential VASCULAR HYPERTENSION ZNOWA! Conditions, if ony, which 6 been signed gove rise to immediate **DUE TO** couse (o), stoling the underlying couse lost. physician. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO [ 20a. ACCIDENT WAS UNCERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port It of item 18 ) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. [City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour 0.00 While Not while of work of work 21. I certify that I attended the deceased from APPIL 6 1959, to APPIL 19 29 that I last saw the deceased and that death accurred at 7:40 alive an D.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE prior UNSU/ VALIA 3 should PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220 SURINIE CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) poge (Stole) REMOVAL (Spenis 9 0 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 [4] Conthuy & Knows 15M 10/57



Rea. Dist. No.

Months

IS RESIDENCE

ON A FARM?

YES NO

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRYS

INTERVAL BETWEEN ONSET AND DEATH

2 WEEKS

UNRNEWN

(County)

24b. REGISTRAR'S SIGNATURE

arthur & House

24o. REC'D BY REGISTRAR

DATAPR 3 0 '59

PERFORMED?

YES NO

(Stote)

Year

19 59

executed within 24 3 should FUNERAL VS A15 (4)



VS A15 (4)

15M 9/5B

10o.

13.

15 (Yes

ADVIAND C	TATE DEDAG	TAMENIT OF	MEALTH	BALTIMORE,	10
MK I LAND 3	IAIE DEFAR	TIMENT OF	HEALIH-	DALIIMOKE,	10
`					

	MARYL	AND STATE	DEPARTM	ENT OF HEALTI	H-BAI	TIMORE, 1	8	NAC	04			
	4829	C	ERTIFICA	ATE OF DEAT	Н			() 4 8 ist. No.	- de-dit			
LACE OF DEATH . COUNTY	Washington		MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE b. COUNTY Wash.								
CITY OR TOWN (IF RURAL and give ned Hagers	*	write c. LENGTH	OF STAY IN 16	c. CITY OR TOWN (IF		orote limits, write R	URAL and	give nea	rest town			
OR INSTITUTION	rroll Hgts.	e street oddress)	<u> </u>	d STREET ADDRESS		Hgts. Bl	vd.			DENCE FARM? NO		
NAME OF DECEASED Type or print)	First Mary	r El:	Middle Lzabeth	Duffey	4. DATE OF DEATH	Mor	ith	Da:	,	9 59		
<sup>EX</sup> female		MARRIED NEVE	R MARRIED A	July 2, 1884	}	9 AGE (In years lost birthday) 74 yrs.	Months	Doys Doys	Haurs Haurs	R 24 HRS. Min		
USUAL OCCUPATION during most of working retire	ng life, even if retired)		SINESS OR INDUS	o. Hagerst			12. CIT	IZEN OF	WHAT CO	DUNTRY?		
FATHER'S NAME	rge Duffey			14. MOTHER'S MAIDEN		les	·					
WAS DECEASED EVER	IN U S ARMED FORCE f yes, give wor or dates of sen			NFORMANT Borge Knott		Add erstown,		٠				
18. CAUSE OF DEAT	TH [Enter only one cou	se per line for (a), (b)					RVAL BET					

=			
		nly one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART 1. DEATH WAS CAU IMMEDIATE	CAUSE (o) Intra-abdominal, cervical, and pulmonary	6 WKB.
	200,1	DUE TO metastasis	
	Conditions, if ony, which )	(b) Lymphosarcoma, left inguinal region	6 months
	gove rise to immediate ( couse (o), sloting the <u>under-</u> (	DUE TO	
	lying couse lost.	(c)	
	PART II OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PAR	T 1(a) 19 WAS AUTOPSY PERFORMED?

<u>Arteriosclerotic & Hypertensive cardiovascular disease</u> 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18)

200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

CERTIFICATI MEDICAL TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town)

foctory, street, office bldg., etc.) Ноог o. m. While of work Nat while Nov. 1958 1959, that I last saw the deceased 21. I certify that I attended the deceased from alive on April

and that death accurred of 7: 45 M, from the causes and an the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED ACTUAL SIGNATURI 100 Professional Arts Bldg

PHYSICIAN'S NAME (Type)	William	T. 1	Layman,	M.D.	Hagersto	wnnw	 Maryland
BIDLA CREA	MAT ON 225 DATE	THEREOF	200 144			PRI LOCATION (CA.	 

220 NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Rose Hill Hagerstown, Md. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

Fred W. Kraiss Hagerstown, Md. DATE APR 2 9 '59

Orthon S. Krous

(County)

(Stote)



FOR STATE HEALTH DEPT.

W

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4831 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

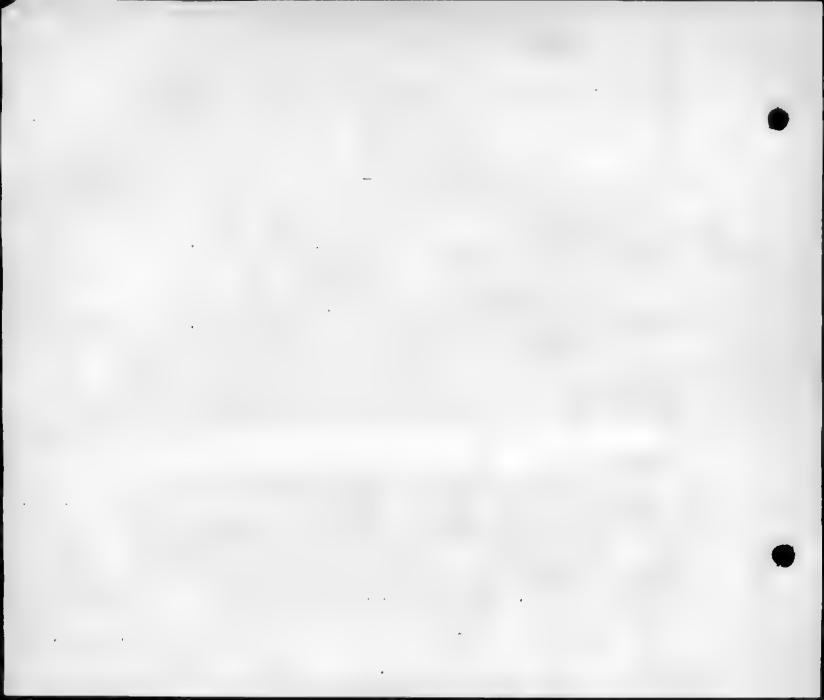
04822 Reg. Dist. No. 302

		PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived If institution: Residence before					
hanger .	0	county 	"ash cou	rton							
1	ь	CITY OR TOWN (If autside		E LENGT	H OF STAY IN Th		Land	e corporate limits, wri	le RURAL and give	neprest town)	
		Hagersto		5	Yrs		agerato				
,	d	. NAME OF HOSPITAL OF	ton it) MOITUTITZMI	in hospital, give s	treat address)	d. STREET	ADDRESS			ON A FARM	
<		1033 Main	Ave			1033	Lain A	ve		YES NO	
		NAME OF DECEASED [Type or print] MAT	FITE CHR	ISTMAS	OCKER	DYE	l of	ATH April	24 1959	Yeor 19	
	5. 5	EX 6. C	OLOR OR RACE 7. A			8. DATE OF BIRT	'Н	9. AGE (In years	IF UNDER TYEAR	IF UNDER 24 HRS	
			F2 1 1		DIVORCED	Dec 28		feet birthdoy) 66 ye	Months Days	Hours Min.	
)	10a d	usual occupation (G luring most of working life, Seams tress	even if retired)	Retire			taindal e		O US	A WHAT COUNTRY?	
	13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NAME				
		Joseph Es	aton			Mary	clem				
		WAS DECEASED EVER IN	U. S. ARMED FORCES?		CURITY NO 17.	INFORMANT		Addre	**		
	1	No -			J	ohn J.	Ocker 7	77 Devons	hire Rd		
		18. CAUSE OF DEATH (E	nter only one couse pe	r tine for (a), (b),	ond (c) ]	I	lugersto	wn Md.	TIME	ERVAL BETWEEN SET AND DEATH	
		PART I. DEATH WA		An	ute cerel	awel hom	n m w h n n n			minutes	
		33/x	DUE TO		are cerei	MAT HER	orrnage_			ETHUGGS .	
		Conditions, if any, w	41.4.3								
		gove rise to immediate	COUSE								
		(o), sloting the under									
	_									10 14/16 11/20/564	
· 3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECALED TO THE TERMINAEDISEASE CONDITION GIVEN IN PART TO									PERFORMED?	
,s6`	2		none							YES NO X	
	CERTIFICATION	PRIMARY OF CONTRIBUTION OF CONTRIBUTION OF DEATH. NO	JTING 🗀 📗	None	URY OCCURRED	(Enter nature of i	injury in Port I or P	art 11 of item 18.)			
	3	20c TIME OF INJURY				ACE OF INJURY	(Home, form, 201	(City or town)	(County)	(Stote)	
	MEDICAL	Hour o.m. No:	ne 19	While Not of work of v	while york	None	e 090g , etc.)		-		
		21. I certify that I	took charge of	the remoins	described ob	ove, held a	Autopsy 🔣	, Inspection [	], Inquiry [	, and in my	
		opinion death resu	Ited from: Note	rol couses 🛭	Accident	, Suicio	le 🔲, Homi	cide 🔲, Unde	termined monn	er 🔲	
		ACTUAL DI	Poleit	119	000-			-		DATE SIGNED	
		SIGNATURE_U	Poeter.		ee-u	M.D. CHIEF	MEDICAL EXAMINI	ER 🗍			
2		EXAMINER'S	e 1	Cabout W.	ells. M.		ANT MEDICAL EXA	MINER 🗌	4-25	-59	
		NAME (Type)	G	topert m	STIES Evel	DEPUT	Y MEDICAL EXAMI	NER 🔀			
	220	BURIAL CREMATION 2:	b. DATE THEREOF	22c NAMI	OF CEMETERY O	R CREMATORY	22d. 1	LOCATION (City, lown	, or county)	(State)	
	]	Burial 4	/27/59	Rose	e Hill	Cemete:	ry Ha	gerstown	Tash. C	o ld.	
1	23	FUNERAL DIRECTOR S SIG	NATURE	ADDI	RESS		240 REC'D BY R		GISTRAR'S SIGNATU	RE	
1		Andrew K	Coffman H	lagerst	own Ld.		DATE APR 2	3 '59 a	ribury & Kraye	A	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the cert.

4. should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for files.

7. Funeral Director: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boord of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death. VS A15ME 5M 2,57



FOR STATE	
FOR STATE HEALTH DEPT.	}
Poge Health,	} P
Boog J	d
r delay is relaine re Store or death.	3. 1
h. If ony id 3 to the second of the second officers officers of the second of the seco	3. 1 (
fill death 1, 2 on Page 5 1 and Thin 72 h	10o d
thours or Pages or Pages ile page	15.
within 2. 1.18. Gi 18 with fa 18 with fa 18 any	§701.
Ecuted I in Item fice alon ransit po oval, an	
in pend in pend iner's Of iner's Of	
icote she seed as seed as seed as seed as	CATION
word "p word "p if Medic ould be o	MEDICAL CERTIFICATION
ting the Chicage 3 short of the Chicage 3 sho	MEDIC
At EXAMPLE with a second to a	
execute the certified, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral discourse measure the certified, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral discourse the word "pending" in pendi in Item 18. Give Pages 3 to an interpretation of the word with form PM3. Page 5 may be relatined to files. Professional be larged as the Chief Reading's Office along with form PM3. Page 5 may be relatined to the files. Professionated agent, prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.	
Should should should funer, its desi	770
10 × 20 × 20 × 20 × 20 × 20 × 20 × 20 ×	72

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4831 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04823

							Reg. Silet, 149					
1		LACE OF DEATH						Vhere deceased lived. If in		ce before admission	1)	
$\setminus \mid$		3. COOI411	Weshington		1	MARYLAND	° STATE Penn	8. COL	NTY Car	nbria	10	
)	Ь	CITY OR TOWN (	Louiside corporate fimili, write	RURAL	c. LENGTH OF	STAY IN 1b		autside corporate I mits, w	rite RURAL and s	g ve nearest town)	7	
		Hager	stown .		4day	6	John	stown	7 x			
,	d		TAL OR INSTITUTION (	f not in hi			d STREET ADDRESS					
		Washing	ton Co. Hos	pita:	1		321 Pen	rod St.		YES N		
	3. 1	NAME OF	Fire		M'ddle Lost 4 DATE Month			onth	Day Year	-		
	(Type or print)		David		John H		Eastlake	OF Apr	:11	11 19	59	
	5. S	EX	6 COLOR OR RACE	7. MARR	IED THEYER MA	ARRIED   8	DATE OF BIRTH	9. AGE (In year	IF UNDER 1	YEAR IF UNDER 2	4 HRS	
	1	Male	white	WIDOW		CED 🔲	Oct. 29 194	0 18,	ra. Months D	oys Hours Mis	Di.	
	100	USUAL OCCUPATION	ON (Give kind of work i	ione 10b.	KIND OF BUSINES	S OR INDUST	RY 11. BIRTHPLACE (State	or foreign country)	12, CITIZI	EN OF WHAT COL	NTRY?	
	during most of working life, even if retired)						Johnstow	n Penna.				
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN N					
		Kaymon	d C. East	lake	3		Virgi	nia Blicke	nstaff			
	15.	WAS DECEASED EV	ER IN U. S ARMED FO	RCES? 16	SOCIAL SECURITY	NO. 17. IF	FORMANT -+	Add			_	
	3140	, and the distribution	In Jet' Bive wet or odies or		183-30-5	370 R	aymond C.	Eastlake	Johnsto	own Pen	ina.	
		18. CAUSE OF DEA	TH [Enter only one cou					7	INTERVAL BETWEEN			
		PART I. DEA	TH WAS CAUSED BY:		Fractur	ed pel	vic bones			4 days		
1		816X	DUE TO			-	ur(left-open	)			-	
٧		Conditions, if a					der and diapl	7				
		gave rise to imme	diote couse							14hrs	**	
$\backslash$		(a), stating the couse last.	(c)		Pneumon	18 ( t	erminal)			Taure		
	3	PART II. OTI	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERMI	NALDISEASE CONDITION	GIYEN IN FART			
21	CERTIFICATION									YES NO	07	
V	TIFE	20a. EXTERNAL CAPRIMARY IX or CO CAUSE OF DEATH.	USE WAS 20	b DESCRI	BE HOW INJURY O	CCURRED. (E	nter noture of injury in Por	From Port (Lof item 18)			_	
		CAUSE OF DEATH.	ALKIBOTING ES	Driv:	ing atuom	obile :	and collided	with cement	truck			
	MEDICAL	20c. TIME OF INJU	RY Month, Day, Yea		INJURY OCCURRE	D 20e. PLAC	E OF INJURY (Home, form	20f. (City or town)	{Count	(SI	lota)	
7	MED	1:40 p.m.	Apr.7 19	59 Whi			fferson Blvd		wn Wa	sh. M	íd .	
		21. I certify II	hat I taok charge	of the	remains descr	ibed aba	re, held en Autaps					
		opinion death	resulted from 1	Vatural	couses $\square$ .	Accident [	Suicide [7]		elermined mo		,	
			1 50	\		<b>~</b>	and tend?					
		ACTUAL SIGNATURE	11 Tobe	7/	12 elk	0	M.D. CHIEF MEDICAL EX	AMINER [		DATE SIGNE	ED	
							ASSISTANT MEDICA	AL EXAMINER 🗍				
		EXAMINER'S NAME (Type)	S. Robert W	ells	, M. D.		DEPUTY MEDICAL	EXAMINER 2	A.)	pril 12 1	959	
	220	BURIAL, CREMATIC	IN. 226. DATE THEREO	F	22¢ NAME OF C			22d LOCATION (City, tow	m, or county)	(State)		
		"Burial"	4-15-59	)	Forest	Lawn	Mem. Park	Johnston	wn Per	ma.		
	23.	FUNERAL DIRECTOR			ADDRESS		24a REC'		EGISTRAR'S SIGN			
		Scott F	. Minnich	& S	Son Hage	rstow	n de DATE A	PR 1 5 '59	Cirthur &	Frank		



within 24 hours ofter death. Page



VS A15 (4) 1SM 10/S7

302 Rea. Dist. No. Washington e. IS RESIDENCE ON A FARM? YES NO DO Year 19 59 IF UNDER 1 YEAR! IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Hagerstown, Md. INTERVAL BETWEEN ONSET AND DEATH Vrs PERFORMED? YES NO PA

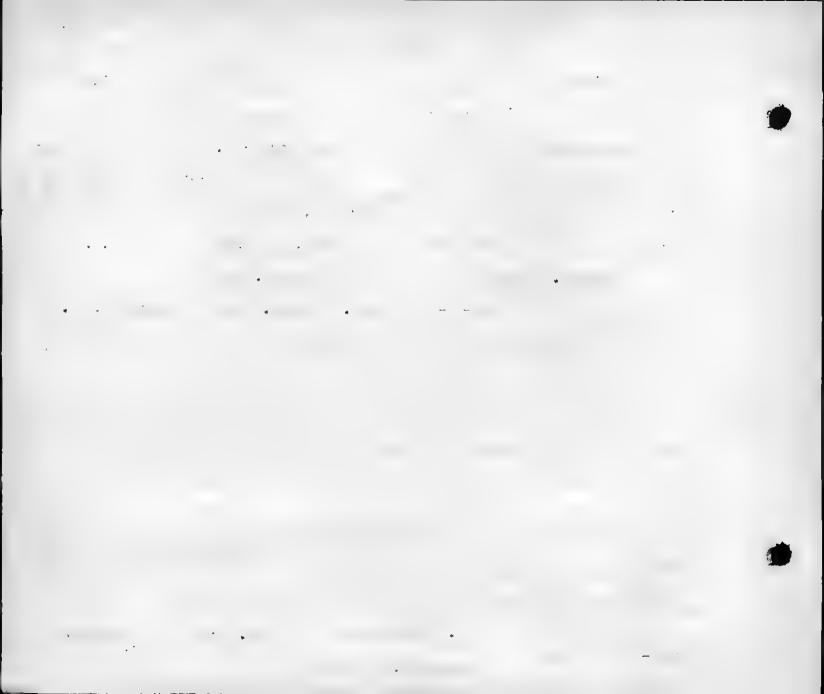
(Stote)

(Stote)

DATE SIGNED

(County)

St. Paul Cemetery St. Pawl Burial 23 FUNERAL DIRECTOR'S SIGNATURE
Suber-Louzer Funeral Home ADDRESS 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



VS A15 (4) 15M 10/57

window it	
1734	
6/8	
-el	

X

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

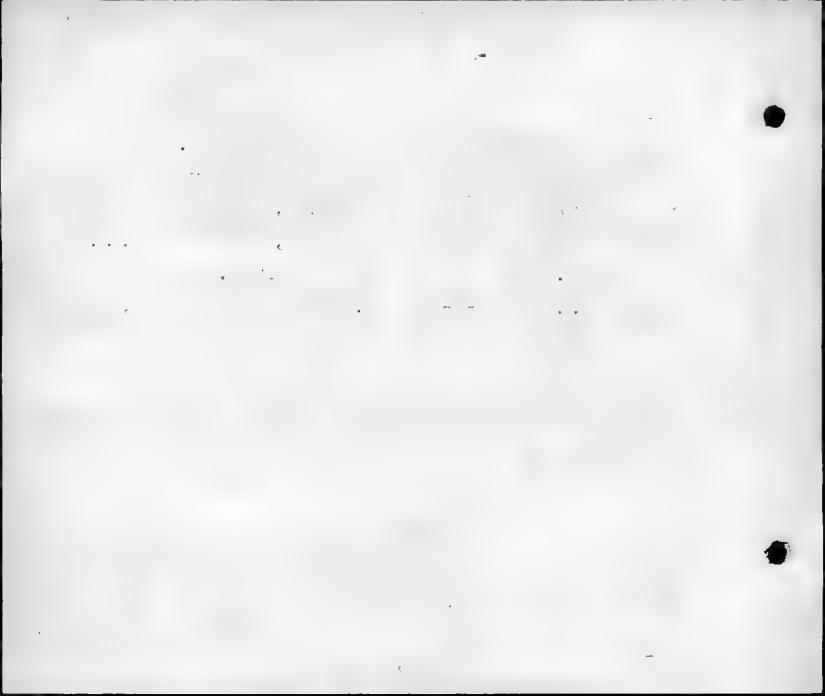
4833

### **CERTIFICATE OF DEATH**

04826

Reg. Dist. No. 302

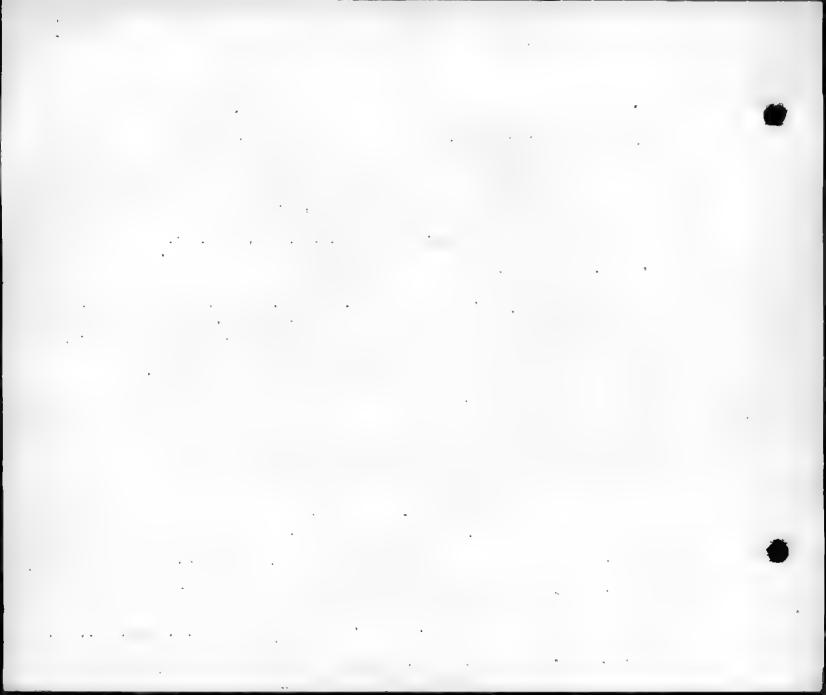
1. PLACE OF DEATH COUNTY Washington MARYL						2 USUAL RESI	DENCE (Wh	ere deceased	lived. If institution			
		nington	MARYL	AND	o. orașe	Mary	land	b. COUNTY	Wasi	nington	1	
	b. CITY OR TOWN (I RURAL and give no	f outside corporate timi	ls, write	c. LENGTH OF STAY I	N 1b	c. CITY OR	TOWN (If o	utside corpor	ote limits, write R	URAL ond gi	re nearest lov	n)
	Hagerstown			a hour		for a	Hage:	rstown				
	OR INSTITUTION	At (If not in hospital, g		oddress)		d STREET A	ODRESS				e. IS RE	SIDENCE A FARM?
	29 East Fi	ranklin Str	reet			*	712 G	uilfor	d Ave.			NO 🔀
	3 NAME OF DECEASED	Fir	3†	Middle		los	il .	4. DATE	Mon	th	Day	Yeor
	(Type or print)	HORACE		CLAY		FOGLE		DEATH .	April		27	19 59
	5. SEX	6. COLOR OR RACE	7 MARR	HED NEVER MARRIE		DATE OF BIRT			9 AGE (In years last birthday)		YEAR IF UNE	
	male	white	WIDOWI	DIVORCED		Novembe	r 27,	1915	43 75	Months [	Pays Hours	Min
	100 USUAL OCCUPATIO	ON (Give kind of work and life, even if retired	done 10b	KIND OF BUSINESS OF	INDUS	TRY 11. BIRTHPL	ACE (Slote	ar foreign ca	untry)	12. CITIZ	EN OF WHA	T COUNTRY?
	Barber	ong me, even a remed	'			Thur	mont,	Maryl	and	U.S	5.A.	
	13. FATHER'S NAME			· · · · ·		14. MOTHER'S	MAIDEN N	IAME				
}		Roy I. Fog	le				Mi	rian E	. Forema	m		
	15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. B	FORMANT			Addi	en		
	yes	W.W. II	2	66-36-0220	M	rs. Doro	thy F	ogle	Hagers	town,	Mary	land
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c).]	_				2		INTERVAL E	ETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, C.	ore nery	1 5	Thro	mb	0111			721 7	
	420.0	DUE TO							c			
	Conditions, if o	, , , , (D	, A	rterio	50	lerot	ic A	ezit :	55251 C	٤	7	17-1.
	gove rise to in couse (b), stating											
	lying couse lost.	(c	)								<u> </u>	
	PART II. OTH	IER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19. WAS	AUTOPSY ORMED?
)	[CA]											NO Z
	PART II. OTH	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter nature o	finjury in P	ort I or Port	II of item 18.)			
		Y Month, Day, Yes	or 20d II	NILLEY OCCUPPED 1	20e PLA	CE OF INJURY (	Home form	1 20f (Ciby	or lowel	IC.	unfy)	(Stole)
	Hour o.m.	19	While	Not while	foc	ory, street, office	e bidg., etc.	)		100	oary)	(alote)
			of wor		1	75 Z	0+1					
	1	at I attended the		ed from <u>19 -3</u>					1952			
	alive on4_		, 12_5	$\Sigma_{-,-}^{2}$ , and that $\epsilon$	death	accurred at	84	: M, from	the causes a	nd an the	e date sta	ed abave
	ACTUAL &		, /	1 11		(4	" " "   "   "   "   "   "   "   "   "	ADDRESS (SIC	eet, city or town,	stote)		ATE SIGNED
	SIGNATURE	Mazelo Cl	-/-	follow	/	A.D2	<i>‡(</i> Y.:	POTO	MSC	777	4/2	7/59
f	PHYSICIAN'S NAME (Type)	-loyd A	4. 1	10 FF ma	2	11	2.9	prit	oun	Ind		
	220. BUR AL, CREMATIO	N. 225 DATE THEREO	F	22c NAME OF CEME	TERY OF	CREMATORY	()	22d LOCATI	ION (City, town, o	or county)	(Sto	te)
	PUTIAL (Specify)	4/29/19!	59	Rose Hill	Ce	netery			rstown		Ma	ryland
	23 FUNERAL DIRECTOR	S SIGNATURE	Uomo	ADDRESS				BY REGISTR	RAR 24b. REGIS	TRAR'S SIGN		
	Suter-Rouz	er runeral	UOM6	Hagerstown	. M	brefvre	DATE AP	R 3 0 '5	9 C	Thur 8	France	



TO HOSPITAL OR MITEMBING PHYSICIAN: The law requirm that the death maificate be executed within 24 haurs after may be retained TO FUNERAL DIRECT VS A1S (4) 1SM 9/58

04827

400,3				reg. Dist. No.
1, PLACE OF DEATH c. COUNTY		2, USUAL RESIDENCE (W	here deceased lived. If institution	: Residence before admission)
Washington	MARYLAND		ryland b. COUNTY	Washingt on
<ul> <li>b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)</li> </ul>	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write RUF	(AL and give nearest town)
Hagerstown	1 Month	35 Hag	erstown	
d. NAME OF HOSPITAL (If not in haspital, give street	address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
Western Maryland State	e Hospital	1220 Wa	bash Avenue	YES NAKE
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Yeor
(Type or print) 5CM	ue/ Henry	FowlerJr	OF DEATH CZOI	ril 14, 1959
S. SEX   6. COLOR OR RACE   7. MARK		B DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
Male White WIDOW	ED DIVORCED	May 28, 190	2 last birthday) 7	Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)  Barber  So	elf Employed	Downsvil	le, Wash. Co.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN		<u> </u>
Samuel H. Fowler, Sr.		Rose Ann	a King	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO	NFORMANT	Addres	5
(If yes, give war or dates of service)	-05-6828	Mrs. Irene C.	Fowler, 1220 W	abash Avenue
18 CAUSE OF DEATH [Enter only one couse per lin		Hage	rstown, Marylan	1 INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		er our mond	in at luna	ONSET AND DEATH
17.157	PICIOTIL JUSTICI	percomon	100,11.10119	4 41193
	carioma of	dhe lance	x with regi	in and
gove rise to immediate	1 CINOINE OF	FITO ICHYN	L will reyr	OMI
cause (a), stating the <u>under-</u> DUE TO  lying cause last,	etastasis .			9mos.
, (1)		NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	
Pulmovery em		THE RESIDENCE OF THE PERSON	MAL PIOCEST CONTONION ON LI	PERFORMED? YES A NO
200 ACCIDENT WAS UNDERLYING ( 20b. DESI	CRIBE HOW INJURY OCCURRE	D. /Enter nature of injury in	Part Lor Part II of item 18.1	TES EM NO L
UR CONTRIBUTING LI CAUSE OF DEATH	CHUCKTON NOON OCCURE	Carrier notice of injury in		
<u>-                                     </u>	for the state of t	ACE OF INJURY (Home, forestory, street, office bldg., et	m, 20f. (City or lown)	(County) (State
Haur a.m. While at wor	Lact wille	crory, sincer, office ordgr., en	,	
21. I certify that I attended the deceas	ed from March	12/ 10.59 to 6	LPTI/14 10.584	rat I last saw the decease
				an the date stated above
diffe different control of the contr	, and mar deam	decorred delling	ADDRESS (Street, city or fown, st-	
SIGNATURE VICTOR & Ra	1	M.D. ZUESTET.	umd. State H	costal arribul
		M.D.	9.71.191.91.91.9.19.77	
PHYSICIAN'S VICTOR L, K	amos	Hager	shown, mary	yland
22a. BURIAL, CREMATION, 22b DATE THEREOF REMOYAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town, or	county) (State)
Burial 4/18/59	Lutheran Cer	meterv	Bakersville, W	ash. Co. Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a REC	D BY REGISTRAR 246. REGISTI	RAR'S SIGNATURE
Andrew K. Coffman H	agerstown, Mar	vland DARR	17 '59 arthur	S. Hours.



# TO HUSPITAL DR ATTENDING PHYSICAN: The law Equires that the death certificate be executed within 21 hours after death. Page

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1000

### CERTIFICATE OF DEATH

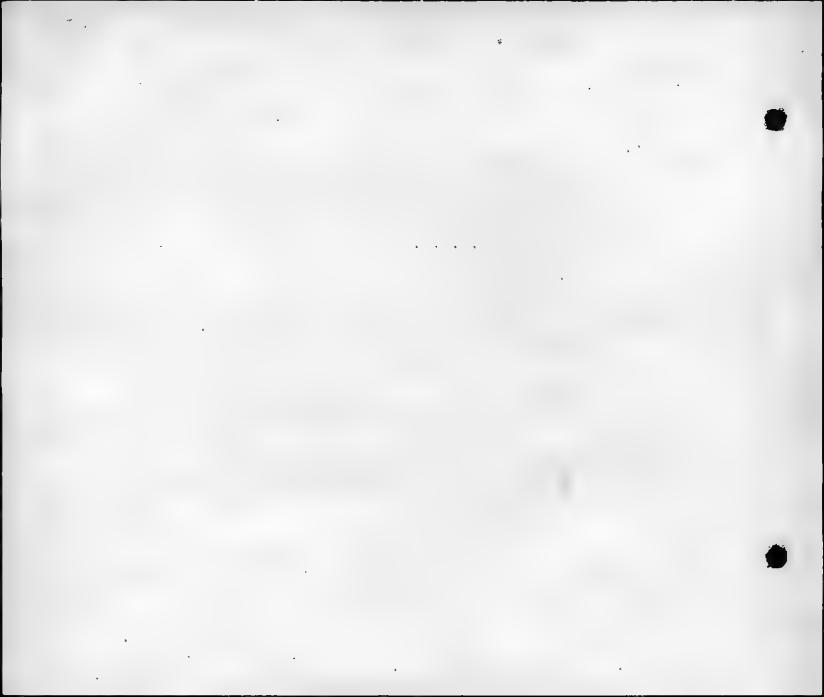
3007)			Reg. Dist	. No. 300						
PLACE OF DEATH O COUNTY		, o. STATE	deceased lived If institution. Residence	before admission)						
"ashington	MARYLAND	Maryland	Washington							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			e corporate limits, write RURAL and gi	ve nearest town)						
Hagerstown	2 Hrs	03 Hager	stown							
d. NAME OF HOSPITAL (If not in hospital, give street or institution  Wash. County Hospi		d. STREET ADDRESS	Franklin St	e. IS RESIDENCE ON A FARM? YES NO TX						
3. NAME OF DECEASED (Type or print) CHARLES	Middle ELLSWORTH		DATE Month OF DEATH April 6 19	Day Year 19						
5. SEX 6. COLOR OR RACE 7. MA		B. DATE OF BIRTH		YEAR IF UNDER 24 HRS						
Male White widow	WED DIVORCED	June 6 1893	65 угз.	Poys Hours Min						
10o. USUAL OCCUPATION (Give kind of work done 10)	b. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State or fo	preign country) Lid 12 CITIZ	EN OF WHAT COUNTRY						
during most of working life, even if retired) Train Dispatcher	W.M.R.R.	Owings Mull	ls Hartford Co	USA						
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
William W. Frank	ς.	Florence	Ginnimah							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	6. SOCIAL SECURITY NO. 17. II	NFORMANT	Address							
	14-05-6836 A1	ice M. Frank	141 W Franklin	St						
18. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c).]	hag rst	own Ld.	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY:	oronary O	celuman		la has.						
40.0 DUE TO 0 0 1										
Canditions, if any, which )	ly sold	Och !		77						
gove rise to immediate DISTO										
Couse (a), stating the under- (c) (c)										
PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING  OR CONTRIBUTING  OR CONTRIBUTING  OR CONTRIBUTING  ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTIN	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO						
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURREN	(Enter nature of injury in Port I	or Port II of item 36.)							
	INJURY OCCURRED 20s. PU	ACE OF INJURY (Home, form, 20	Of. (City or town) (Co	unty) (Stote)						
Hour a.m.	le Not while for ork □ at work □	tory, street, office bldg., etc.)								
₹ p. m	OLK COLON MOLY CO.		./ /							
21. I certify that I attended the decea	-770		<u>4-6</u> 1959 that I lo	ist saw the decease						
alive an 4 - 3 19	5.7, and that death	accurred at 9 2 M	, from the causes and an the	date stated above						
000		ADDI	BESS (Street, city ar town, state)	DATE SIGNE						
SIGNATURE Charles In.	Hess	MD. Smith	shine my.	4-9-						
PHYSICIAN'S NAME (Type)		The same and the state of the same and the s	7,							
220 BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	P CPEMATORY POL	LOCATION (City, fown, or county)							
REMOVAL (Specify) 4/9/59			agerstown Wash.	(Stote)						
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a PEC'D BY								
Andrew K. Coffman Has	gerstown Md.	DATE 1	0 '59 arily 2 #	inich						

may be retained by
TO FUNERAL DIRECTOR
Page 3 shauld be
the registrar priar to VS A15 (4) 15M 10/57

by the haspital or attending plysician.

S: After this certificate has been signed by the attending physician and campletely filled in by 12 and 2 and 3 and

I



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4836 **CERTIFICATE OF DEATH** directo PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY Shington Filed o. STATE **b** COUNTY MARYLAND ashington Marvland ofter deoth. erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Yrs Hagerstown Hagerstown d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION View St 1032 View 1032 NAME OF First Middle 4. DATE DECEASED OF PETER GUSTAV FRITZE (Type or print) DEATH AGE (In years lost birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Male White DIVORCED | WIDOWED [" 8 yrs. Dec 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) during most of working life, even if retired) Student puo Gernany Zullichu --carbon ofter 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Ernest Katherine Klose 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Korean Was Yes Wan oltending Fritze 1032 View St Hagerstown Ernest 18. CAUSE OF DEATH [Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which ] gove rise to immediate DUE TO couse (a), stating the underlying couse lost. CERTIFICATION PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19 WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form. 20f. (City or town) factory, street, office bldg., etc.) o. m. While Not while of work of work 21. I certify that, I attended the deceased from "that I last saw the deceased alive an and that death accurred at ...M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE M. 159 W. Washington St. Hagerstown prior DIRE PHYSICIAN'S Philip J. Hirshman, M.D. NAME (Type)

ADDRESS

Coffman Hagerstown Md

22b. DATE THEREOF

220. BURIAL CREMATION.

REMOVAL (Specily) Buria.

23. FUNERAL DIRECTOR'S SIGNATURE

MITTENDING. õ shoul 9

VS A15 (4) 15M 10/57 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) Haven Ceretery gersto 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATÜRE DATE APR 3 0 '59

Reg. Dist. No

Months

Doys

(County)

USA

e. IS RESIDENCE

YES 📋 NO 🔯

Yeor

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

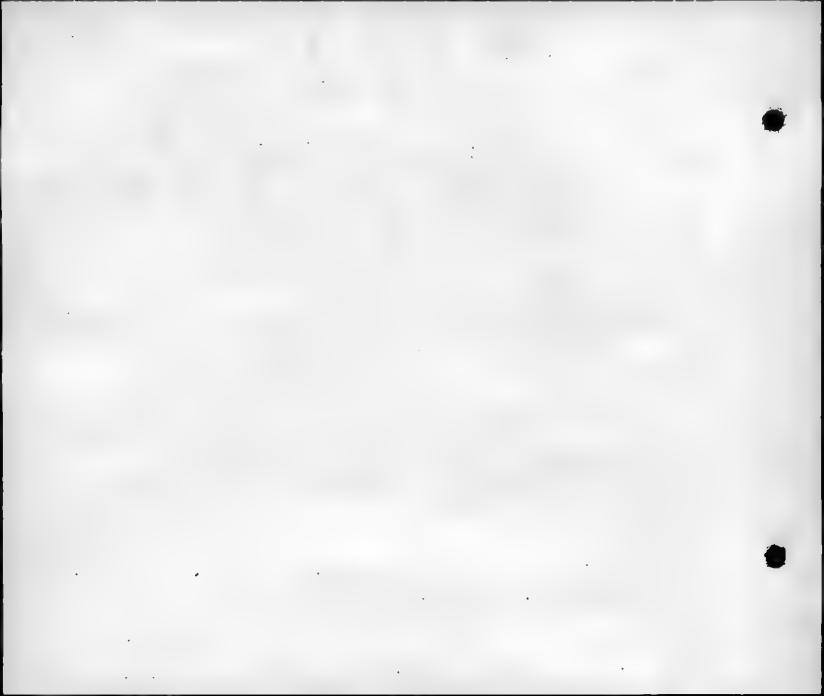
16cc

PERFORMED? YES I NO 19

(State)

**DATE SIGNED** 

12. CITIZEN OF WHAT COUNTRY?



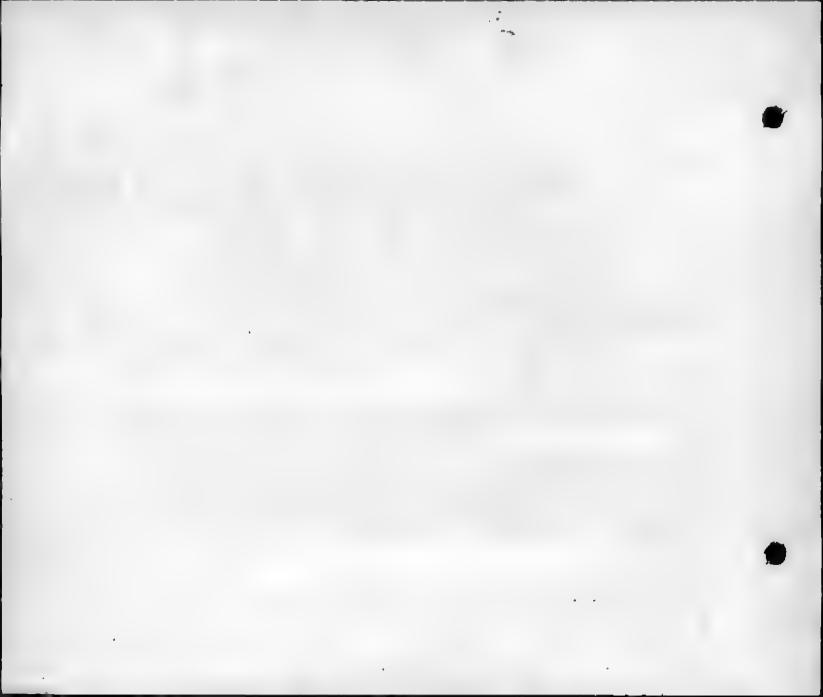
arthur & Krous

Andrew K. Coffman Hagerstown Md.

	PLACE OF DEATH						DENCE (Whe	re decease	Flived. If institution	on: Residence	before adi	m+ssion)
	o founty	ton		MAR	YLAND	o. STATE	land		"ashing	ton		
1	b. CITY OR TOWN (If RURAL and give nee		ls, write	c. LENGTH OF STAT		c. CITY OR 1	OWN (If ou	tside carpo	rate limits, write R	URAL and giv	re nearest t	own)
		rstown		42 Yr	s	) - F	lager	stow	n			
Ī	d. NAME OF HOSP TA	L (If not in hospital, g	ive street	oddress)		d. STREET A	DDRESS			·		RESIDENCE
	800 S	Potomac	St			1 800	So P	otom	ac gt			NO A FARM?
_	NAME OF DECEASED	Fir		Middl	e	Los		4. DATE	Mon	th	Day	Year
	(Type or print)	MOSES		PHILIP	(	ARONZ.	IK	OF DEATH	April	29	1959	19
!	SEX		7. MARR	HEDE NEVER MARR	IED B	DATE OF BIRTH	Н		9 AGE (In years lost birthday)			NDER 24 HRS.
	Male	White	WIDOWI	ED DIVORC	ED 🔲 🖁	Jany 20	187	3	85 m	Months D	lays Hou	rs Min.
)a	USUAL OCCUPATION during most of working	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPL	ACE (Stote o	r foreign c	ountry)	12. CITIZ	EN OF WH	IAT COUNTRY
	Merchan	t	G	rocery g	tore	Riga	a R	ussi	a	U	SA	
3.	FATHER'S NAME					14. MOTHER'S						
		n Garonz:				Sa	arah	Sing	er			
) Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.			FORMANT			Adde			
	No		21	7-32-542	Z MI	s Ida l	L. Ga	ronz	ik 800	So Po	toma	o \$t
	18. CAUSE OF DEAT	H [Enter only one co	use per li	ne for (o). (b), and (c)	[-]	lagers	town	Ld.			INTERVAL	BETWEEN ND DEATH
	PART I, DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	Art	erioscle	rotio	c Cara	iovas	cula	r Disea	se	177	ears
	4-0121	DUE TO										
	Conditions, if on		L									
	gove rise to im couse (o), stating the											
	lying couse lost.	} (c				_						
	PART II. OTHI	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMIN	IAL DISEAS	E CONDITION GIV	EN IN PART	(o) 19. W	AS AUTOPSY REORMED?
				None	•							□ NO I
	200 ACCIDENT WAS OR CONTRIBUTING ! (IF EITHER, NOTIFY A	UNDERLYING []	20b. DESC	CRIBE HOW INJURY	OCCURRED.	(Enter nature of	f injury in Po	ort I or Parl	It of item 18.)			
	(IF EITHER, NOTIFY A	MEDICAL EXAMINER)										
	20c TIME OF INJURY Hour a, m,	Month, Day, Ye	or 20d, It While	Not while	20e, PLAG	DE OF INJURY (I	Hame, farm, bldg., etc.)	20f. (City	or lown)	(Co	unty)	(Stote)
	p. m.	19		k ot work				]				
i	21. I certify the	it Lattended The	decease	ed from June	12	, 19 56	, to AI	ril	29, 1955	that I la	st saw ti	ne deceased
	alive an Apr	il /2%,	195	2 and tha	t death (	accurred at.	4:00I	M, fran	the causes a	nd an the	date st	ated above
		10/2 5	Es	0.1					reet, city or town,			DATE SIGNED
	ACTUAL SIGNATURE	101	) l	ec/	м	<sub>D.</sub> 119	Nort	h Po	tomac S	treet	5 - 5-	-1-59
	PHYSICIAN'S	D + D 7	7 7.	. 5		TT			3 / <b>1</b>	2		
	NAME (Type)	R.A.B el	۩ و⊥	L. D.		nag	ersto	wn,	Marylar	3CL .		
20	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREC	ıF	22c. NAME OF CEN	AETERY OR	CREMATORY	:	22d. LOCAT	ION (City, town, c	or county)	(5	lote)
	Burial	5/1/59		B'Nai Ab	rahai	n Ceme	terv	Hag	erstown	Wash	Co	1.d
	PLANTED AL MADEMANA	410414TH		40-2504								

TO HOSPITAL OR ATTENDING INYSICIAN: The fam requires that the death certificate be executed within 211 havrs ofter death. Page 4 TO FUNERAL DIRECT Page 3 shauld be: VS A15 (4) 15M 10/57

eral director. be filed with



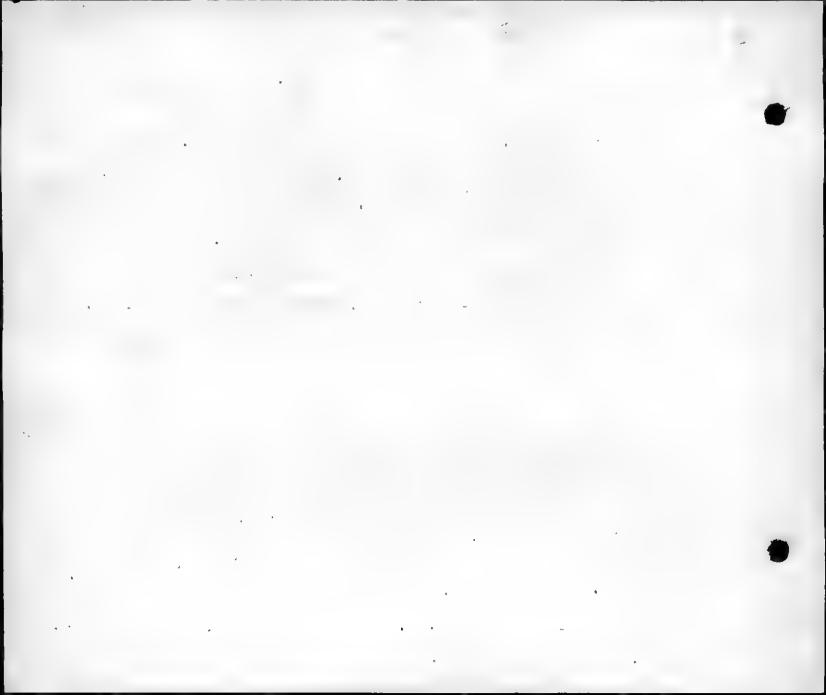
VS A15 (4) 1SM 9/58

	MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIM	O				
1	4838	CERTIFICATE OF DEATH					
	1. PLACE OF DEATH o. COUNTY Washington	2. USUAL RESIDENCE (Where deceased lived o. STATE	l . (				

RE, 1	8	04	831							
	Reg. Di		_							
Finstitution Residence before admission)										
Wash.										
, write Rl	JRAL ond	give ne	grest faw	n)						
•			e. IS RES	FARM?						
Moni	th	D	ру	Yeor						
4		29	)	19 59						
In years rthday) yrs	IF UNDER Months	Doys	Hours	ER 24 HRS Min						
	12 CIT	IZEN O	E WHAT	OUNTRY?	1					
Addr			_							
	town	. Md								
ale	~ 2	INT	ERVAL BI							
ION GIV	EN IN PAR	RT 1(a)	PERFO YES	AUTOPSY ORMED?						
n 18)										
	(	County	)	(Stote)						
19.5	hat I lo	ast sa	w the c	deceased						

	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			4 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)							
Hager			life		Hagerstown							
d. NAME OF HOSP	ITAL (If not in haspital, a	ive street	address)		d STREET ADDRESS  o. 15 RESIDENCE ON A FARM?							
OR INSTITUTION	Hamilton Bl	vd.			1133 Hamilton Blvd.							
3. NAME OF DECEASED	Fi	rs†	Middle		Last		4. DATE	N	ionth	Day		eor
(Type or print)	L		Kelle	r	Garver		DEATH		4	29	1	9 59
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	8.	DATE OF BIRTH			9. AGE (In year lost birthday		YEAR IF		
male	white	WIDOWI	ED DIVORCED		July 4,	1886		72 y		Doys I	Hours	Min
10a USUAL OCCUPAT	ION (Give kind of work prking life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPLAC	E (State o	or foreign c	ountry)	12 CITI	IZEN OF W		DUNTRY?
cleri	-	S	tickells Mi	11	Hage	rsto	wn, Me	i.		U:	SA	
13. FATHER'S NAME					14. MOTHER'S M	AIDEN N	AME					
	elchor Garve				Emm	a Ha	rbaugl	1				
15 WAS DECEASED EN	FER IN U.S. ARMED FOR I [If yes, gave wor or dolen of i		SOCIAL SECURITY NO	INI	ORMANT			A	ddress			
no			20-26-7461	Mr	s. Berth	a Ga	rver	Hager	stown,	Md.		
18. CAUSE OF DI	EATH [Enter only one co	use per lin	ne for (a), (b), and (c).]							INTERV	AL BET	WEEN
PART I. DI	PART I. DEATH WAS CAUSED BY: Carcinoma 0 + Prostate ale no 1 ma											
1 174	DUE TO					-					-	13.0
Conditions, if	onv. which )							J				
gove rise to	gove rise to immediate											
lying couse lost	couse (a), stating the <u>under-</u>											
OF THE STATE OF	THE STOPPING CONT	107110113	LONAL DOTHER TO DEFE		ioi keeniee io ii	115 15 00000	THE DISCHA	E COMPINDIA (	21, 51, (1, 1, 1, 1, 1,		PERFOR	EMED?
D ACCIDENT M	VAS LINIDERIVING T	anh nes	CRIRE HOW INTITION OF	CHIDDED	/Ester seture of it	inguin o	and Lor Por	t II of item 18 t		'	E3 [	NO [A
OR CONTRIBUTION	E 200 ACCIDENT WAS UNDERLYING ☐ 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.)  OR CONTRIBUTING ☐ CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)											
WE OF INJU Hour a.m.		ar 20d. It	NJURY OCCURRED 2	Oe. PLAC	E OF INJURY (He	me, farm,	20f. (City	or town)	{(	County)		(Stote)
Hour a.m.	10	White at wor	Not while	racio	rry, street, affice b	lag., etc.	1					
*	that I attended the	1		12	3 1958	to N	12.2.	29 193	That I In	ist snw	the de	censed
alive on M	21 29	. 19 5				-0						
	alive on May 1959, and that death accurred at 630 M, from the causes and on the date stated above ADDRESS (Street, city or town, stole) DAJE SIGNED											
AUTUAL SIGNATURE	ANTUAL ALL CILL MILLS AND											
PHYSICIAN'S NAME (Type)	11040	A.	HOFF	s.cs	n	129	Fly	Nton	m.	ma	1.	,
220. BURIAL CREMATI		)F	22c. NAME OF CEMET	ERY OR	CREMATORY	Ú	2d. LOCA	TION (City, low	n, or county)		(Stote	)
burial Specif	5-1-59		Rose Hil				Hag	erstown			Md	•
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS				8Y REGIST		GISTRAR'S SI			
Fred W. K	raiss Hag	ersto	own, Md.		0	DATE MA	Y 4 '5	9 6	listling &	Kines		

Md.



VS A15 (4) 15M 9/58

X

I

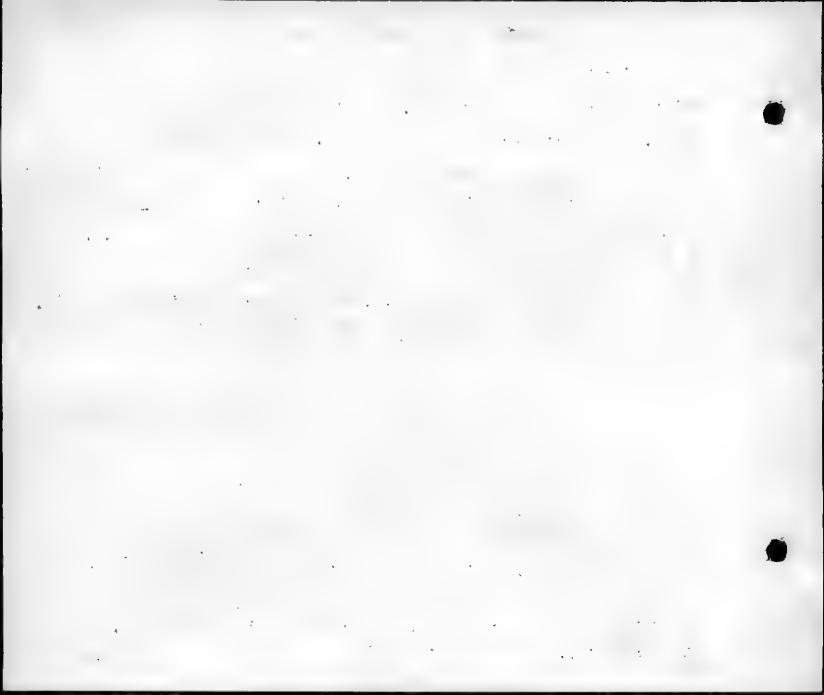
ARYLAND S	TATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
4885	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

MA

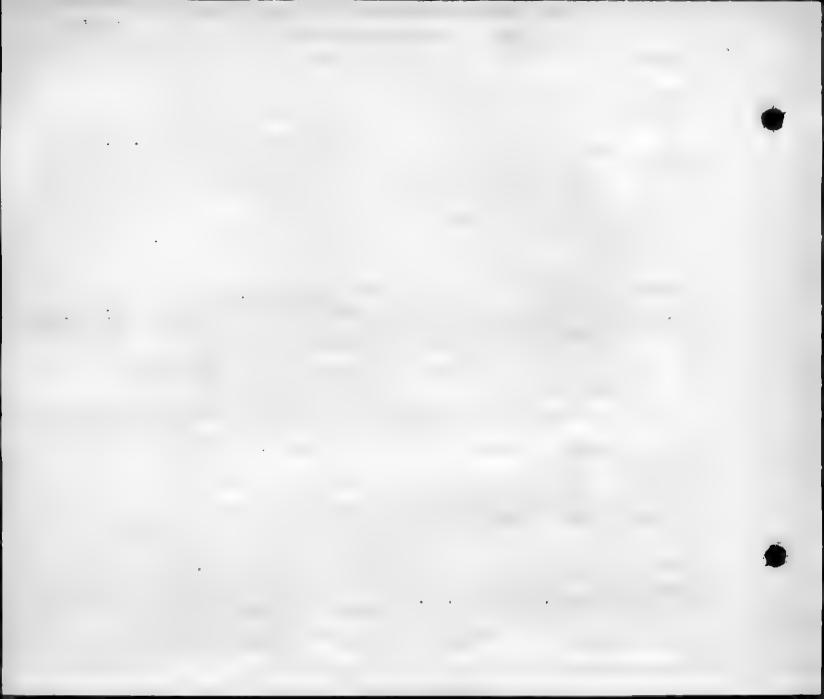
04832

L		2000	ÇEKTII IÇ.	AIL OI I	JEAII	•	R	leg. Dist. No.	
1.	a. COUNTY Was	shington	MARYLAND	2. USUAL RESI	Maryl	ere deceosed live and	d. If institution: b. COUNTY	Residence before	
V	L CITY OR TOWN	(If outside corporate limits, write negrest town)	68 yrs.	CITY OR W111:		,	limits, write RURA	AL and give nea	irest lown)
]	d. NAME OF HOSP OR INSTITUTION O W Sa.	ITAL (If not in hospitol, give street Lisbury Street		d. STREET	ADDRESS		Street		on a farma YES NO
3.	NAME OF DECEASED (Type or print)	Rachel	Melinda	Gayl		4. DATE OF DEATH	Month Apr11	8	y Year 19 59
	sex Temale	Table at all a line	RRIED NEVER MARRIED DIVORCED	B. DATE OF BIRT		90 6	birthdoy) M	UNDER 1 YEAR	IF UNDER 24 HRS Hours Min
10	during most of wo Housewi	ION (Give kind of work done 10 rking life, even if retired)	Home		rylan		γì	U.S.	• WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S					
L		John Harsh		.1	1e Ne	wcomer			
	NO NO	ER IN U. S. ARMED FORCES? I. (If yes, and war or dates of service)	None M	Gray	son N	ewcome	Address r Willi	iamspo:	rt Ma
		the under DUE TO	1ing for (o), (b), (c), [c]	o Rej	Hus	ramp	Bosi	ONS	ERVAL BETWEEN ET THE DEATH
CERTIFICATION		: 7 (c) THER SIGNIFICANT CONDITION:	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO	O THE TERMII	NAL DISEASE CO	IND TION GIVEN	IN PART I(o)	9. WAS AUTOPSY PERFORMED? YES NO
1 .	OR CONTRIBUTING	YAS UNDERLYING TO 206 DI G CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRI	ED. (Enter noture	of injury in P	art I or Port II o	f item 1B.)		
MEDICAL	20c TIME OF INJU Hour o.m. p.m.	Whi		LACE OF INJURY octory, street, office			9/(1)	(County)	(Stote)
	21. I certify to olive on	hat I aftendalt the degen	ased from 4. A.	M.D.	104 103 by		/	In the dote	the deceased stated above. DATE SUCHED
22	NAME (Type)  BURIAL, CREMATA  BENOVAL (Specify	ON, 22b DATE HEREOF	22c. NAME OF CEMETERY CO		у	22d LOGATION W1111a	(City, town, or o	county)	(Stote)
23.	West X	Leaf Will	Compost of	ref	-	BY REGISTRAR	24b. REGISTR	AR'S SIGNATUL	



llaurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 10/57

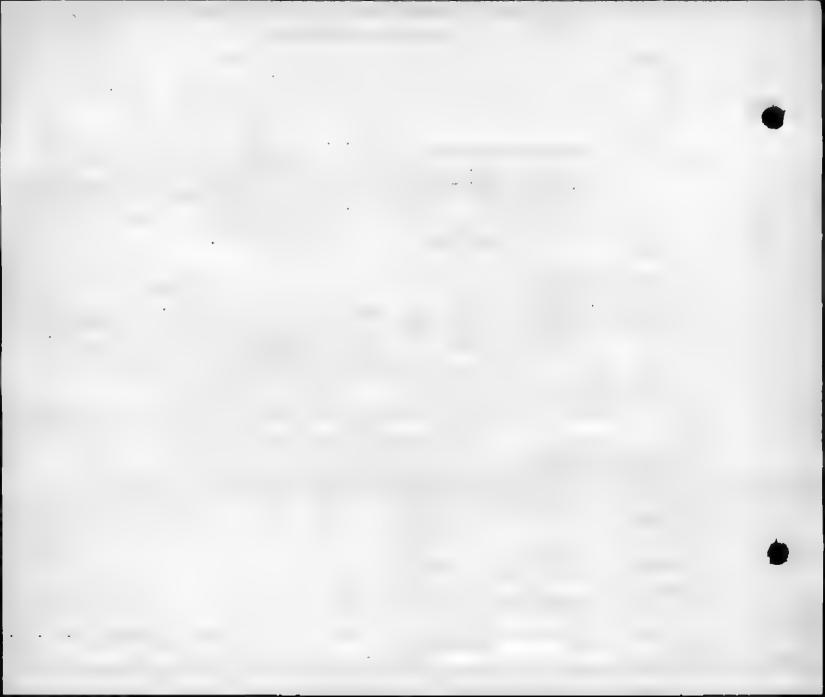
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4839 **CERTIFICATE OF DEATH** 

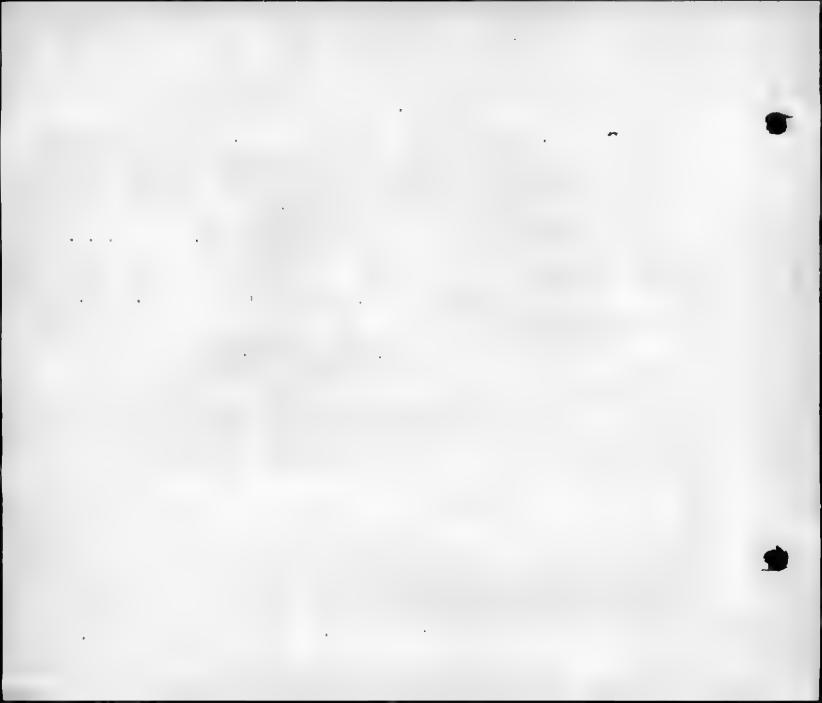
Reg. Dist. No.

1. PLACE OF DEATH o COUNTY	Washington		MARYLA	- 11	2. USUAL RESI	Mary]		d lived. If institu b. COUNT	Υ	hington			
b. CITY OR TOWN RURAL and give of	(If outside corporate lim	its, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
Hagers			5 days	-	23 Hagerstown, Maryland								
d NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, s	give street	address)		d STREET A						RESIDENCE LA FARM?		
	on County H	ospit	al		2h2 5	e Pot	CHRIST	Street			П 00 🔟		
3 NAME OF DECEASED	Fi	rst	Middle		Las	it	4. DATE OF	Mo	onth	Day	Yeor		
(Type or print)	THELMA		MILLER		TALEECE	<u> </u>	DEATH	April	L	30	19 59		
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	□ B.	DATE OF BIRTI	Н		9 AGE (In year lost birthdoy)	Months	TYEAR IF UN			
Female	White	WIDOW	ED DIVORCED		March 2	27, 19	702	57 yr		Days Hou	rs Min		
00. USUAL OCCUPATION during most of wo	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPL	ACE (State	or foreign o	country)	12 CI	TIZEN OF WH	AT COUNTRY?		
Housewife					Für	akstor	m, Ma	ryland		U.S.A.			
I3. FATHER'S NAME					14. MOTHER'S	MAIDEN	IAME	-					
	Dallas Mil	le <b>F</b>				Stee	la R.	Little					
S. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17, INF	ORMANT			Ad	ldress				
	gray gave more or during or .		none	1	rs. Mar	garet	, v. B	eardon	Hage	rstown	Maryl		
IB. CAUSE OF DE	ATH [Enter only one co	ouse per li	ne for (o), (b), and (c).]		mg					INTERVAL			
PART I. DEATH WAS CAUSED BY: MEDIATE COMP									ONSET A	Dew			
EX/./ DUE TO D + 1 0													
Conditions, if any, which ) (b) Portal Cenhere							Lisis 4 MM						
gave rise to immediate DUSTO													
lying couse lost	couse (b), storing the under-												
PANT II. OT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY PERFORMED?												
3											NO []		
OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter nature a	f injury in F	Port I or Pa	rt II of item 18.)					
20c. TIME OF INJU	RY Month, Day, Ye	While	NURY OCCURRED  Not white k of work	PLAC focto	E OF INJURY ( ry, street, office	Home, form bldg., etc.	, 20f. (Cit	y or town)	(	County)	(Stole)		
21. I certify to	21. I certify that I attended the deceased from 1-27, 19 9, to 4-30, 19 5 That I last saw the deceased												
alive on	1-30	19 (	Z, and that d	eoth c	coursed of	4:50%	AM from	n the couses	and on t	he dote st	ated above		
/	100		-	com (						ne dole sit	DATE SIGNED		
ACTUAL SIGNATURE ADDRESS (Street, city or town, state)  M.D. JOHN D. TUKCO										4-30-5			
PHYSICIAN'S NAME (Type)	MmD.	II	1200		30,	210	POTO	MAC ST	11,	NGEKS	Town, n		
20 BURIAL, CREMATIS	ON, 226. DATE THEREC	) F	22c. NAME OF CEMETE	RY OR	CREMATORY		224 LOCA	TION (City, town,	or county)	(5	tote)		
Burial Burial		9	St. Peter	в Се	netery		Han	cock,		Marylar	rd_		
3. FUNERAL DIRECTOR	rs signature izer Funera	l Hou	ADDRESS	96.4			D BY REGIS	TRAR 24b. REC	SISTRAR'S SI	GNATURE			
if form the			Hagerstown	n, F	d.	DATE M	AY 6	59 (	Irthur	2 tr			

D · nikakown, T



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DEPT.		4840	DICAL EX	AMINER 3	CERTIFICA	IE OF DE		it. No. 302
	PLACE OF DEATH				2. USUAL RESIDENCE (	Where deceased I've		nce before admission)
	V	Washington		MARYLAND	o STATE MALL	and	b. COUNTY Was	nington
	b. CITY OR TOWN II	If outside corporate limits, writen)	= RURAL C. LENC	OTH OF STAY IN 16	c. CITY OR TOWN (I	outside corporale	limits, write RURAL and	give negres! town)
	Hagerston		D.	O.A.	Hager	rstown		
. 7.	d NAME OF HOSPIT	TAL OR INSTITUTION (	lf not in hospital, give	e street address)	d STREET ADDRESS			ON A FAPM?
17/	Washingto	on County H	ospital		128 East	Washingto	on St.	YES NO
3	NAME OF	Fir	st	Middle	Last	4 DATE	Month	Day Year
	(Type or print)	FLORENCE	G	RAMMS	HAWTHORNE	DEATH A	pril :	21 19 59
5	. SEX	6 COLOR OR RACE	MARRIED AN	EVER MARRIED 3	DATE OF BIRTH		with down	YEAR IF UNDER 24 HR
	Female.	White	WIDOWED [	DIVORCED	June 30, 189	24	64 yes Months	Pays Hours Min.
1	Ou. USUAL OCCUPATI	ON (Give kind of working life, even if retired)	done 10b KIND OF	BUSINESS OR INDUST	RY 11 SIRTHPLACE (Stote			EN OF WHAT COUNTR
1	Housewil		ROL	le	Baltimor	, Marylar	nd U	.S.A.
_ [i	3. FATHER'S NAME				14 MOTHER'S MAIDEN			_
	Geo	orge W. Wat	ts		Ann G	rappe		
		VER IN U. S. ARMED FO	RCESP 16. SOCIAL S	ECURITY NO 17. IN	FORMANT		Address	
	no	(it yes, give not of outer of	aprice)	1	ir. Lawson P.	Hawthorn	ne Hagers	town, Md.
	18. CAUSE OF DEA	ATH [Enter only one cou	se per line for (o), (t	), and (c) ]		- · -		LINTERVAL BETWEEN
	PARE I, DEA	TH WAS CAUSED BY:	Acı	ite Corone	rv thrombosi			ONSET AND DEATH
	1420.1	DUE TO		100 001 0114	ry difformost	5		
	Conditions, if a							
	gove rise to imme	ediote couse						
	(o), stoting the couse lost.	Underlying (c	1					
	PARE II, OT	HER SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PART	I(a) 19. WAS AUTOPSY
0	Ĭ							PERFORMED?
	200, EXTERNAL CA	USE WAS 20	b. DESCRIBE HOW IN	JURY OCCURRED (E	nter nature of injury in Pai	f I or Port It of Item	18)	
1 5	CAUSE OF DEATH	· None	nor	ne				
		JRY Month, Doy, Yes	or 204 INJURY O	CCURRED TOO STATE				
	20c TIME OF INJU	, , , , , , , , , , , , , , , , , , , ,		CCOKKED 1306 PLAC	E OF INJURY (Home, form	1 20f. (City or low	n) (Covi	sty) (State)
	Hour o m.	· ·	While N	of while facto	ry, street, office bidg., elc	20f. (City or low	n) (Covi	(State)
	" <u> </u>	none 19	While North of	of white Tocto	none none	)		
	21. I certify t	none 19	While of work of	of white X s described obo	none  none  ve, held on Autops	y , Inspec	tion 🖾, Inquiry	
	21. I certify t	none 19	while of work of of the remains	work x factor x s described about X. Accident	none  none  ve, held on Autops	y , Inspec		
	21. I certify t	none 19	while of work of of the remains	work x factor x s described about X. Accident	none  none  ve, held an Autops  Suicide [],	y , Inspec	tion 🖾, Inquiry	
	21. I certify to opinion deoth	none 19 hot I took charge resulted from: I	while of work of of the remains Natural causes	of while X foctor work X X Accident	none  none  ve, held an Autops  Suicide   M.D. CHIEF MEDICAL E	y , Inspec Homicide .	tion X, Inquiry Undetermined m	onner D
	21. I certify topinion deoth	none 19 hot I took charge resulted from: I	while of work of of the remains	of while X foctor work X X Accident	ny, street, office bldg., ele none  ve, held on Autops  , Suicide [],  _M.D. CHIEF MEDICAL & ASSISTANT MEDIC	y , Inspec Homicide	tion 🖾, Inquiry	onner D
2	21. I certify topinion deoth  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)	none 19 hot I took charge resulted from: I	while of work of of the remoins Notural couses	of white X foctor work X X Accident [ X Acci	ny, street, office bldg., ele none  ve, held on Autops  , Suicide [],  _M.D. CHIEF MEDICAL E.  ASSISTANT MEDIC DEPUTY MEDICAL	y , Inspec Homicide ,  KAMINER AL EXAMINER EXAMINER X	tion [X], Inquiry Undetermined of	onner DATE SIGNED
2	21. I certify to opinion deoth ACTUAL SIGNATURE EXAMINER'S NAME (Type)  20 BURIAL CREMATIC REMOVAL (Specify	none 19 that I took charge resulted from:  S. Robe  ON 226 DATE THEREC	while of work of of work of the remains Notural causes of the Wells,	Me of CEMETERY OR	ny, street, office bldg, ele none  ve, held on Autops  , Suicide [],  M.D. CHIEF MEDICAL E. ASSISTANT MEDICAL  DEPUTY MEDICAL  CREMATORY	y , Inspec Homicide ,  (AMINER )  AL EXAMINER    EXAMINER    22d LOCATION (C	Undetermined of 4-22-5	DATE SIGNED
2	21. I certify to opinion death actual signature EXAMINER'S NAME (Type)  20 BURIAL CREMATIC REMOVAL (Specify Burial	none 19 hot I took charge resulted from: I  P. P. LE  S. Robe ON [226 DATE THEREO	while of work of of work of the remains Notural causes of the Wells,	of white X foctor work X X Accident [ X Acci	none  ve, held on Autops  , Suicide ,  , M.D. CHIEF MEDICAL E.  ASSISTANT MEDICAL  DEPUTY MEDICAL  CREMATORY	y . Inspec Homicide  (AMINER  AL EXAMINER  EXAMINER  22d IOCATION (C  Hagers	Undetermined of 4-22-5	DATE SIGNED  (State)  Maryland

Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH PAITIMODE 10

ON A FAPMP

19 59 IF UNDER 24 HRS Hours Min. F WHAT COUNTRY?

and in my

VS. A15ME 5M 2/57

Ė

VS A15 (4) 15M 10/57 M

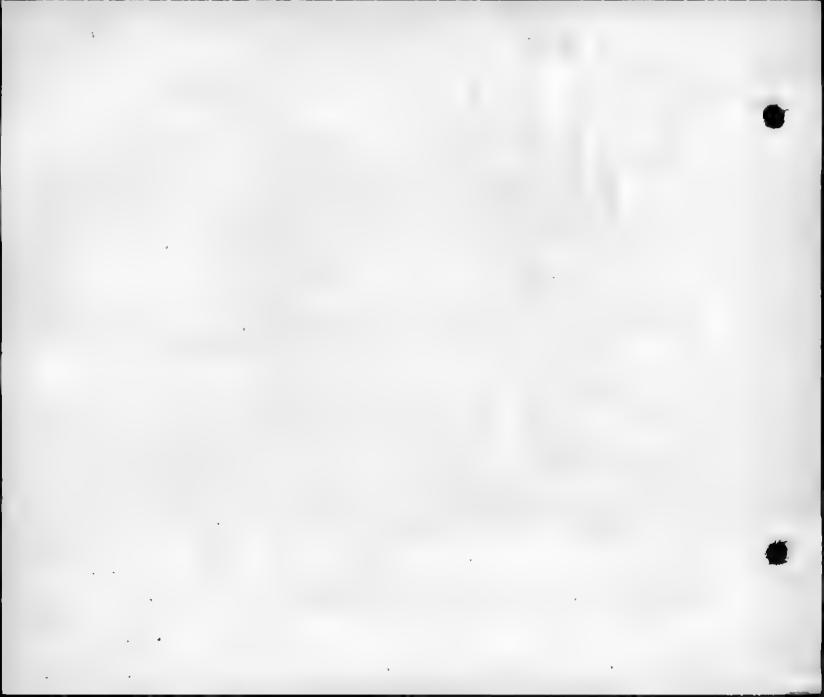
OF HEALTH—BALTIMORE,	18
	OF HEALTH—BALTIMORE,

CERTIFICATE OF DEATH

7074

114898

24,13			Key.	DIST. PRO.
1. PLACE OF DEATH 2. COUNTY "ashing ton	MARYLAND	2. USUAL RESIDENCE (WHO STATE Naryland	ere deceased lived If institution Residue to County Washingt	dence before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		utside corporate limits, write RURAL or	
RURAL and give nearest town) Hagerstown	40 Yrs		erstown	
d NAME OF HOSPITAL (If not in hospitol, give stre OR INSTITUTION 416 GUILFORD AVE		d. STREET ADDRESS	uilford Ave	e. IS RESIDENCE ON A FARM? YES NOTE:
3 NAME OF DECEASED (Type or print) MOLILY	Middle CATHERINE	HECK	4. DATE Month OF DEATH April 28	Doy Yeor 1959 19
900 - 9000 - 1	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Sept 27 18		ER I YEAR IF UNDER 24 HRS Doys Hours Min
10a USUAL OCCUPATION (Give kind of work done adving most of working life, even if relired) Housewife	Own Home		or foreign country) Ind 12 anding Wash. C	CITIZEN OF WHAT COUNTRY  O USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Sanuel Henry Boyer		Minerva	Ann McCoy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (II yes, give wor or dates of service)		NFORMANT	111 King St	
		Hagerstown ic Cardiova	scular Disease	INTERVAL SETWEEN ONSET AND DEATH YEARS
Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last.  DUE TO  DUE TO				
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)	None.	NOT RELATED TO THE TERMI	nal disease condition given in P	ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Port I or Part II of item 18.)	
Haur a.m. Whi		ACE OF INJURY (Home, form, ctory, street, office bldg, etc.	, 20f. (City or town)	(County) (State)
21. I certify that I attended the decernity an April 21		accurred a8:00P	pr. 28, 1959 that •M, from the causes and an ADDRESS (Street, city or town, state) th Potomac St.	the date stated above
PHYSICIAN'S R. A. B &	11.		own, Maryland.	
220 SURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 5/1/59	20c NAME OF CEMETERY O		22d. LOCATION (City, town, or county	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		Hagerstown Was	
Andrew V Coffmon H				S. Kines



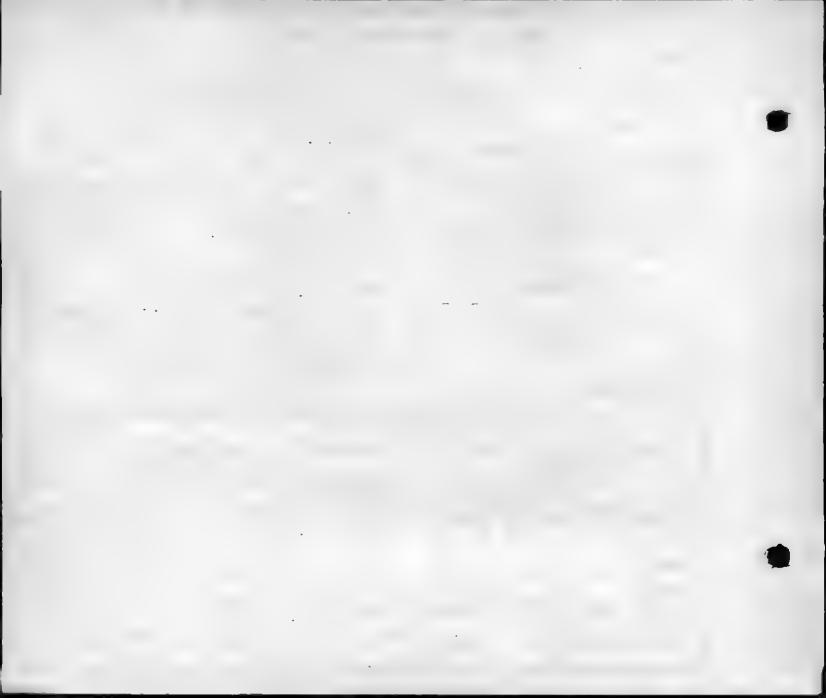
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH C. COUNTY Washington D. COUNTY Washington C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest down) C. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest down)

()4	83	9
Reg. Dist.	No.	

1	1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
	b. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest down) Sandy Hook  c. LENGTH OF STAY IN 16 58 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Sandy Hook
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Residence	U.S. Route # 340  outside is residence on a farmor yes note.
	3. NAME OF DECEASED (Type or print) TILGHMAN AUGUSTUS	HOLDER 4. DATE OF Month 23, Dey Year 1959
;		8. DATE OF BIRTH  Aug. 9, 1882  P AGE (In yeors lost birthdoy)  76 yrs    Months   Doys   Hours   Min.
1	100 USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  Receiving Clerk Railroad	Brownsville, Md. 12. CITIZEN OF WHAT COUNTRY? USA
	13. FATHER'S NAME Richard Holder	Sarah Elizabeth Phillips
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (19. no. of unknown)   III yes, give wor or dates of service)   No None   17. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	NFORMANT Mr. Edwin Holde Address  RFD # 1. Knoxville. Md., Box 620
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate	acclusion Interval Between ONSET AND DEATH 30 Mun.
	cause (a), stating the under lying cause last.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
4	Z	PERFORMED? YES NO
	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part II or Part II of item 1B.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. n. p. m. 19 While Not while of work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) clary, street, affice bldg., etc.)
	21. I certify that I attended the deceased from 195 alive on 3/24, 1959, and that death ACTUAL SIGNATURE MUDAL NULLARY	4. 19. , ta 1959, 19 , that I last saw the deceased accurred at 5:15PM, from the causes and an the date stated abave.  ADDRESS (Street, city or town, store)  ADDRESS (Street, city or town, store)  ADDRESS (Street, city or town, store)  W. UA
ľ	PHYSICIAN'S DR. MILDREN MILLIAMS	CHARLECTOWN W. VG
	220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) 4/26/59 Mt. Olivet	Cemetery Frederick, Maryland (Stote)
3	23 FUNE AL DIRECTOR'S SIGNATURE Harpers F	erry 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pager may be retained by the haspital or attending physician.

TO FUNERAL DIRICAL After this certificate has been signed by the attending physician and campletely filled in by page 3 should the pack of ar use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 street registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. EALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) 1 PLACE OF DEATH o. COUNTY 6. COUNTY Washington Washington Maryland MARYLAND b. CITY OR TOWN (If autode cosporate limits, with RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 50 vrs. Hagerstown d\_STREET ADDRESS e IS RESIDEN E d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) و م م ON A FARME 7 Moller Ave. Washington County Hospital YES TO NO A 3. NAME OF 4. DATE Middle Month DECEASED 19 59 KENNETH HOUPT April HARRY (Type or print) DEATH 9. AGE (In years 5. SEX 6. COLOR OR RACE 7- MARRIED T NEVER MARRIED B DATE OF BIRTH IF UNDER TYEAR IF LINDER 24 HRS. lost berthday) Months Days Haurs Min. Male White WIDOWED [ DIVORCED | August 3.1893 100. USUAL OCCUPAT ON (Give kind of work done during most of working life, even if refired) 12 CITIZEN OF WHAT COUNTRY? Dust Collecting Boonesboro, Md. USA Sheet Metal Worker 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME P.M.3. Annie G.Palmer Joseph H. Houpt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address July 1916 214-09-5792 Mrs. Harry K. Houpt 7 Moller Ave. Hagerstown. Md. Yes 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute Coronary thrombosis ical Exominer's Office alo esed as a build-transit presention of the present of t IMMEDIATE CAUSE (o) **DUE TO** Arteriosclerotic coronary heart disease 3 yrs Conditions, if any, which ! gave rise to immediate cause DUE TO 50 (6), stating the underlying COULD GIL PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179. WAS AUTOPSY PERFORMED? NO X 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port H of Item 18.) None 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour XXXX none A PARROWNXXX of work of work none 21. I certify that I took charge of the remoins described obove, held on Autopsy 🗍, Inspection 🖾, Inquiry 🗍 and in my opinion death resulted from: Notural couses & Accident . Suicide . Homicide . Undetermined monner lest Wells DATE SIGNED CHIEF MEDICAL EXAMINER DIR ASSISTANT MEDICAL EXAMINER S. Robert Wells, M.D. **EXAMINER'S** should FUNERA DEPUTY MEDICAL EXAMINER 2. NAME (Type) 220. BURIAL, CREMAT ON, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) 40 Rurial Rest Haven Cemetery Hagerstown Md. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAN 246 REGISTRAR'S SIGNATURE VS. A15ME Haven Funeral Chapel Inc. Hagerstown. Md. arthur & though

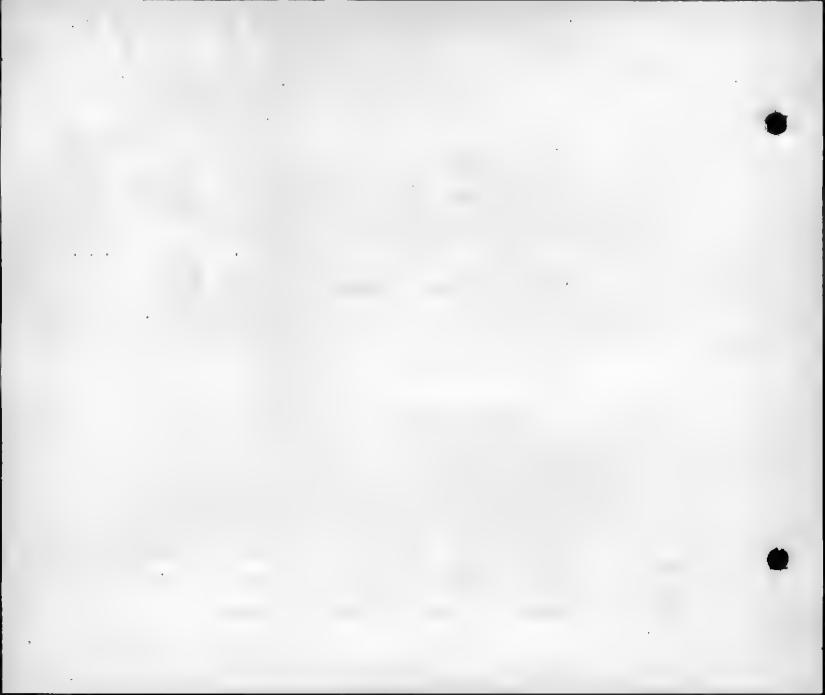


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) Washington c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown) e IS RESIDENCE ON A FARM? YES TO NO DE Year April 19 59 IF UNDER I YEAR IF UNDER 24 HRS Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? II.S. A Walter L. Huff. Smithshurg Md. # INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO KI (County) (Stote) 4-1, -1, 19 that I last saw the deceased ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) Smithsburg #2. Washington Md. 24b. REGISTRAR'S SIGNATURE arthur & though

DATE ADR 2 2 159

VS A15 (4) 1SM 10/57



**CERTIFICATE OF DEATH** Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE TWhere deceased lived. If institutions Residence before admission) o. COUNTY b. COUNTY MARYLAND 1 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If butside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) AGERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d STREET ADDRESS ON A FARMO YES 🖺 NO 🏋 NAME OF 4. DATE Middle Month Day Year DECEASED (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 9. AGE (in years lost birthday) Manths Days Hours WIDOWED [ DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State of foreign county) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? FEDYSXILLE 0. MD 13. FATHER'S NAME 14. MOTHER'S MAIDEN HAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address offending ONSBARA 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). 15 il X p Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES X NO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) certificote (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Slote) factory, street, office bldg., etc.) Hour a.m. **Nat while** at wark at work 21. I certify that I attended the deceased from NOV 1927 that I last saw the deceased and that death accurred at 9:00 A.M., from the causes and an the date stated above. alive an\_/ ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE RAL DIS PHYSICIAN'S FUNERAL NAME (Type) e 22d LOCATION (City, lown, or county) 220 BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY (Stote) page REMOVAL (Specify) KIR, TILCHMHAITON WASH. CAMIZ. 2 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Lucius S. Threed APR 7

executed within 24

requires that the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

17 ----一 

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

04843

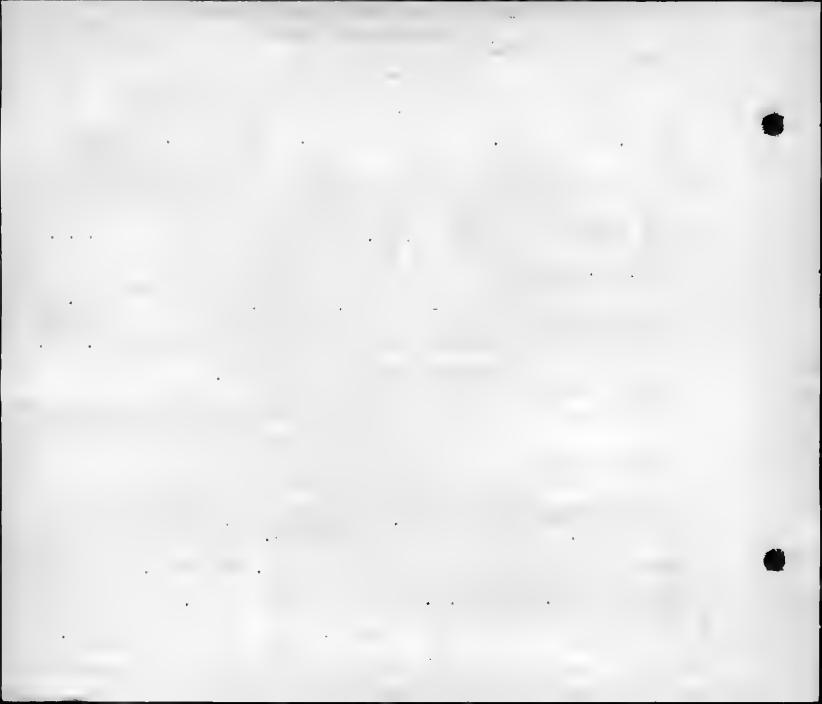
L		10	271	CERTII	CAI	COL	EATT	1			Rog. Dist.	No.	
1.	PLACE OF DEATH	SHINGTON		MARYE		USUAL RESII o. STATE	MARYI			f institution COUNTY		before adm	
	b. CITY OR TOWN (I RURAL and give no HAGERS!	f outside corporate limit carest fown) FOWN	s, write	E LENGTH OF STAY IN		c. CITY OR I	GERSI		orole limit	, write RUF	RAL ond give	e nearest to	wn)
	or institution 253	AL (If not in hospitol, go MULBERRY		oddress)		d. STREET A	DDRESS S. MU	LBER	RY	ST.		ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	fir MILDREI		Middle ORPHA		JORD.		4. DATE OF DEATH		Month		Day 21	Year 19 5
	SEX FEMALE	ME TOTAL	7. MARI	RIED NEVER MARRIED		ATE OF BIRTI	1 /1912	3	9. AGE ( lost bi	in years li rihday) 16 yrs.	FUNDER 11 Months D	TEAR IF UN	DER 24 HRS.
100	SHOES DRI	ON (Give kind of work d	one 10b	KIND OF BUSINESS OR SHOE MFG.	CO.		ACE (SION)		country)		12. CITIZI	U.S.	AT COUNTR
13.	FATHER'S NAME FLOYD	W. GRIFF	TH		1.	MOTHER'S	MAIDEN N LORA		LEWI	S			
15. (Ye		R IN U. S. ARMED FORC (If yes, give wer or dates of se	TYIC#)	SOCIAL SECURITY NO. 20-16-012	17. INFO		LOYD	W. G	RIF	Addres	· HAG	ERSTO MD.	N/VC
		TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  my, which mediate DUE TO		ne for (o), (b), end (c).] RESPIRATORY CANCER WITH				ASTAS]	'S.			INTERVAL ONSET AN	
CERTIFICATION				CRISE HOW INJURY OCI							N IN PART 1	PER	S AUTOPSY FORMED? NO []
MEDICAL CERTI		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Yea	r 20d. II	NJURY OCCURRED 2	0e PLACE	OF INJURY (	Home, farm	, 20f. (Cin			(Cou	inty)	(State)
	active on 18			ae All			2:00F		m the city	auses an er lown, sh	d on the	date sta	
220	PHYSICIAN'S NAME (Type)	N. 22b. DATE THEREO		22c. NAME OF CEMET	ERY OR CR	EMATORY	Hage	22d. LOCA		y, town, or		(St	late)
23	PENOVAL (Specify)  FUNERAL DIRECTOR		59	ROSE F		CEM.	240 PECI		AGER	STOW	* * *	ME	
	41.J.M	orment	Her	gesslown	1.7	nd.		PR 2 4			tun 2		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIR. VS A15 (4) 1SM 9/SS

may be retained by the haspital or attending physician.

O FUNERAL DIR

R. After this certificate has been signed by the attending physician and cammeterly filled in by page 3 shauld be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	14
--	----

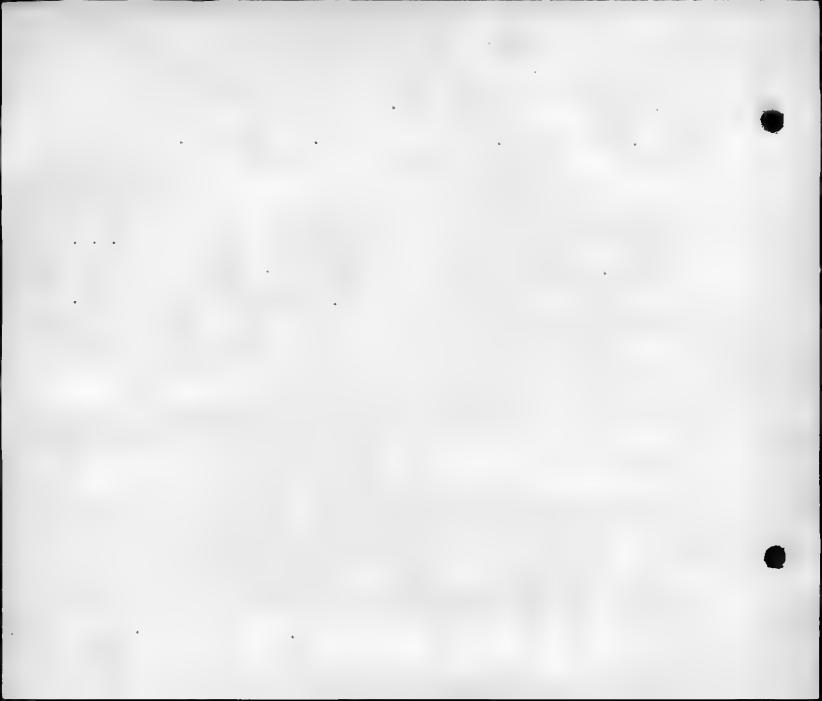
04844

1		48	45	CERTIFI	CAILC	F DEATI	H		Reg. Dist. N		
)	1. PLACE OF DEATH COUNTY W.A.	SHINGTON		MARYLAI	a STA			l lived. If institution b. COUNTY	WASHII		- 1
	b. CITY OR TOWN (I	outside corporate limi	ts, write	LENGTH OF STAY IN 45 YRS		HAGERS		rote limits, write RI	JRAL and give (	rearest tov	vn)
	or institution	AL (If not in hospital, of ALTIMORE	ST.	oddress)	/d. st 21	E. BAI	TIMOR	RE ST.		ON	SIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	Josef		DEE Middle	JUDD	Last	4. DATE OF DEATH	APRII	†	Doy 3	Year 19 59
	5. SEX MALE	6. COLOR OR RACE WHITE	7 MARRI WIDOWE	IED NEVER MARRIED		F BIRTH 11/1890	)	9. AGE (In years lost birthday) 68 yrs.	Months Day		
	during most of work	IN (Give kind of work ing life, even if retired LECTRICAL	)	KIND OF BUSINESS OR II	PLANT		GINIA	ountry)	1	OF WHA	T COUNTRY?
	JOHN S	. JUDD			M	OLLIE A	A. JUI		B 10	ep 3m	OUNT -
	15. WAS DECEASED EVER	RIN U.S ARMED FOR If yes, give war or dates of s	ervice) 1	SI4-09-775	8 MRS		ETTA 1	Addr AcCORMIC		MD.	Onn
,	Canditions, if all gove rise to it couse (o), stating lying couse last.	the under-	1	ONTRIBUTING TO DEATH	Se leze		SELL	L disa	EN IN PART 1(o)	PERF	ORMED?
		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	206. DESC	RIBE HOW INJURY OCCU	URRED. (Enter no	ture of injury in	Port 1 or Port	t II of item 18 )		YES [	] мож
	20c. TIME OF INJUR Hour a.m. p. m.	Y Manth, Doy, Ye	or 20d. IN While of work	Not while	e. PLACE OF IN factory, street	URY (Home, form office bldg., etc	n, 20f. (City	or town)	(Count	γÌ	(State)
	alive an	at lattended the	decease , 12;	od from. / Land	eath accurre	57, 10 S	₽M, from	the causes a	nd on the c	late sta	e deceased ted abave. DATE SIGNED
/	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Elden	6	Hoach,	londer	* <del>-</del>	5 u 4 c g	e 2 5 tu	м. h.	<i>[</i> ]	1201 4 )
	220. BURIAL CREMATIO REMOVAL (Specify) BURTAT	4/5/5		22c. NAME OF CEMETER BEAHMS	CHAPEI	CEM	L	URAY	VA.	(Sto	ole)
	23. FUNERAL DIRECTOR	enl =	(36)	ADDRESS Louise	med.	DATAP	D, BY REGIST		TRAR'S SIGNAT	URE	

'59

Carl S. Haus

VS A15 (4) 15M 9/55



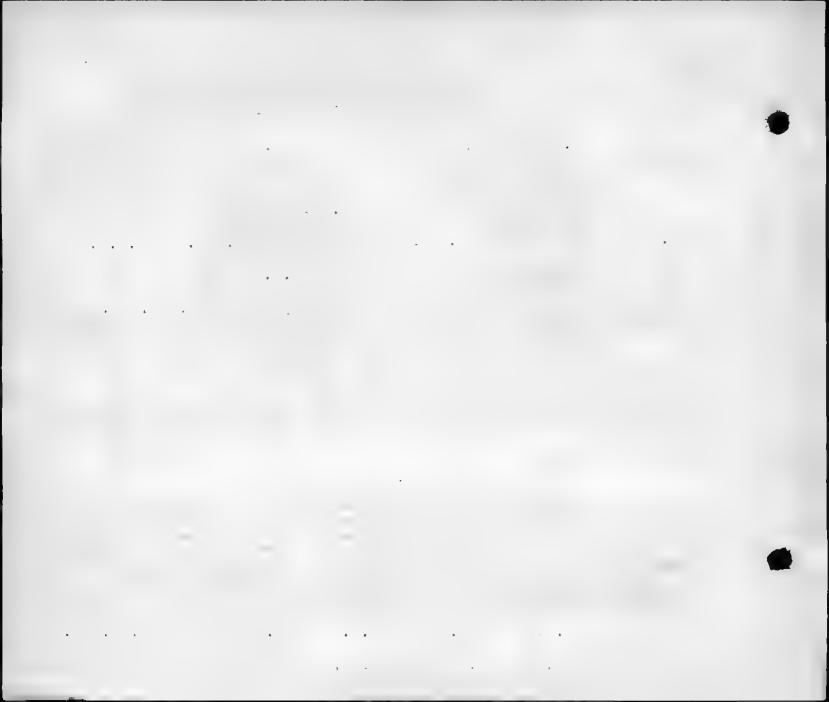
VS A15 (4) 15M 9/55 

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ť	Ω	45	CE	RTI	FIC	AT	E	OI	F D	EA	\TF
4	U	-									

Reg. Dist. No. 845

1,	PLACE OF DEATH	7.7 3.4		MARYLI		2. USUAL RESID	ENCE (Who	re decease	d lived If in		Residence	e before	• odmissi	on)
<b>L</b>		Washingt				Mary				i i	rede			
П	<li>b. CITY OR TOWN (I RURAL and give no</li>	f autside corporate limi arest tawn)	its, write	c LENGTH OF STAY IN	4 Љ	c. CITY OR T	OWN (If ou	tside corpe	orote limits, w	rite RUR	AL ond gi	ive negr	est fown	)
L		gerstown		2 days		Smit	asbur	g- F	ural		1.0	X	~	7
	d. NAME OF HOSPIT	AL (If not in hospital, s	give street	oddress)		d. STREET A	DORESS					8	IS RESI	DENCE FARM?
V	<i>lashingto</i>	on Co. H	ospi	tal		Route	9 # 1						YES 🔲	
	NAME OF DECEASED	Fit	rst	Middle		los	1	4. DATE		Month		Day	١	feor
	(Type or print)	EMOR	Y		KH	LBAUGH		DEATH	1	Ap	ril	1	. 1	1959
5	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	X	B. DATE OF BIRTH	-		9. AGE (In ) last births	reors If	Months I			
	male	white	WIDOW	ED DIVORCED		Dec.	1, 18	70	88	yrs	NONING I	Doys	Hours	Min.
10c	USUAL OCCUPATION	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPL	ACE (State a	ir foreign o	country)		12. CITI	ZEN OF	WHAT	COUNTRY
İ	let. Farm	ing life, even if retired PC P	Own	Gen, Far	m	Fred	leric	k Co	. Md.		U .S	A. E		
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN NA	AME						
	Jo	hn Kelba	ugh			Mar	y S.E	For	rest					
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CE\$? 16.	SOCIAL SECURITY NO.	17. 11	NFORMANT				Addres	6			
L	no		,	none	Ja	mes Sm	th S	mith	sburg	_ M	d. F	Rt . #	#1	
	18. CAUSE OF DEA	TH [Enter only one co	ouse per li	ne for (o), (b), ond (c) }									VAL BE	
1	PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	, Ur	puic 10	Yer	ma							de	
	593 X	DUE TO		^		(	ŗ						1	
	Canditions, if o		. Ki	ducy him	-clu	ion a	ailu	حب				5	deer	سما
	gove rise to it couse (o), stating			0 ()									0	
	lying couse last.	) (0	:)	· ·								]		
Ö.	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H 8UT	NOT RELATED TO	THETERMIN	IAL DISEAS	E CONDITIO	N GIVEN	IN PART	1(0) 19.	WAS A	NUTOPSY
₹														NO []
CERTIFICATION	20g. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURREC	). (Enter nature o	f injury in Po	ort I or Pa	rt II of item 1	B.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)												
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye	or 20d I While			ACE OF INJURY (I			y or town)		(C	ounty)		(State)
MEC	p. m.	19	at wo	rk of work										
	21. I certify_th	at I attended the	decea	sed from Mer.	20	, 19 5	7, ta M	ani3	<u>3 a, 19</u>	59,	that I le	ast sav	w the	decease
	alive on	War Be	, 12_	59 , and that o	death	accurred at	7:40	M, frai	m the caus	ses an	d an th	e date	a state	d abave
		^ -	1	4		1	A	DDRESS (S	itreet, city or	lown, ste	ote)		DA	TE SIGNE
	ACTUAL SIGNATURE	James	1.1 C	tray		M.D.	urn	LEM!	$t - \Lambda$	Nd	P			
	PHYSICIAN'S	IT	1	100										
_	NAME (Type)	La	me	S N.Gr	ay	·								
220	BURIAL, CREMATIO REMOVAL (Specify)		OF.	22c. NAME OF CEMET		R CREMATORY			TION (City, to		* *		(Stote	•
_	Burial	Apr.4.	1959		el	M.E.			field					
23.	FUNERAL DIRECTOR	t. Della	/	ADDRESS			24a. REC'D				RAR'S SIG			
	July	Paul F	Bitt	le Myersv	177	e Md.	DATE M	PR 6	'59	Cir	thur S	. Tha	M	



VS A15 (4) 15M 10/57



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4891

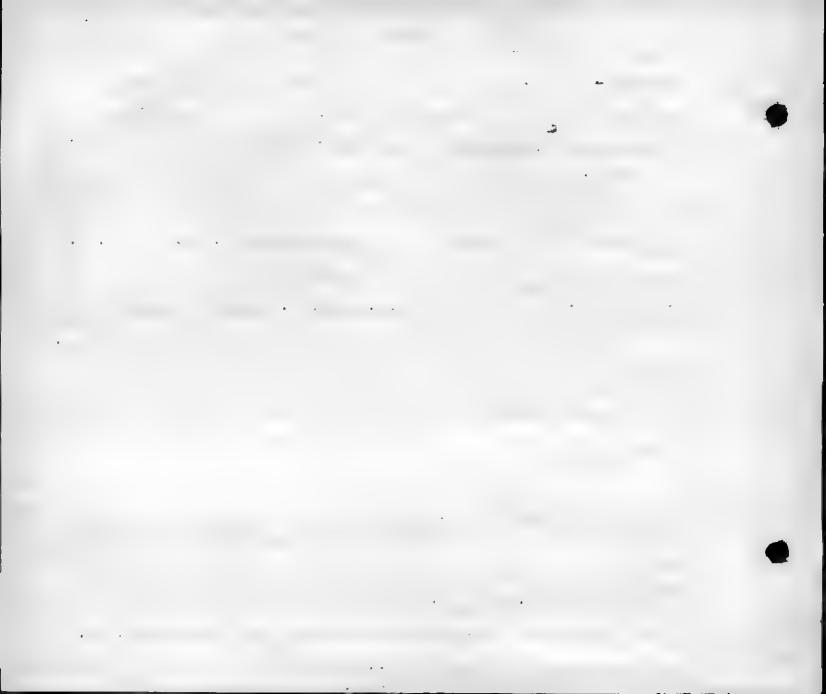
**CERTIFICATE OF DEATH** 

Reg. Dist. No. 846

DECEASED (Type or print)  5 SEX  6 COLOR OR RACE 7. MARRIED   NEVER MARRIED   8 DATE OF BIRTH  9. AGE (In years lift UNDER 1 VEAL Months)   10st birthday)   10st birthday   1	e IS RESIDENCE ON A FARM? YES NO S
b. CITY OR TOWN (If outside corporate limits, write RURAL and give ne RURAL and give ne nearest lown)  RURAL and give ne nearest lown)  A NAME OF HOSPITAL (If not in hospital, give street address)  OR HOSPITAL (If not in hospital, give street address)  3. NAME OF HOSPITAL (If not in hospital, give street address)  OR HOSPITAL (If not in hospital, give street address)  OR HOSPITAL (If not in hospital, give street address)  3. NAME OF DECEASED (Type or print)  First  Middle  Lost  4. DATE  Month  OF DECEASED (Type or print)  FORTH  PART  OR TOWN (If outside corporate limits, write RURAL and give ne  RURAL  A NAME OF HOSPITAL (If not in hospital, give street address)  A NAME OF HOSPITAL (If not in hospital, give street address)  OR HOSPITAL (If not in hospital, give street address)  A NAME OF HOSPITAL (If not in hospital, give street address)  A NAME OF HOSPITAL (If not in hospital, give street address)  OR HOSPITAL (If not in hospital, give street address)  A NAME OF HOSPITAL (If not in hospital, give street address)  A NAME OF HOSPITAL (If not in hospital, give street address)  A NAME OF HOSPITAL (If not in hospital, give street address)  A NAME OF HOSPITAL (If not in hospital, give street address)  A NAME OF HOSPITAL (If not in hospital, give street address)  A NAME OF HOSPITAL (If not in hospital, give street address)  A NAME OF HOSPITAL (If not in hospital, give street address)  A NAME OF HOSPITAL (If not in hospital, give street address)  A NAME OF HOSPITAL (If not in hospital, give street address)  A NAME OF HOSPITAL (If not in hospital, give street address)  A NAME OF HOSPITAL (If not in hospital, give street address)  A NAME OF HOSPITAL (If not in hospital, give street address)  A NAME OF BRITH  A NAME OF BRITH  A NAME OF BRITH  BRITHPIACE (State or foreign country)  I BRITHPIACE (State or foreign countr	e IS RESIDENCE ON A FARM? YES NO
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSULTION  3. NAME OF DECEASED DECEASED 15 SEX  6 COLOR OR RACE WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED FIRST  8 DATE OF BIRTH PART PART OF BIRTH PART OF BIRTH PART OF BIRTH PART OF BIRTH PART PART OF BIRTH PART PART OF BIRTH PART PART OF BIRTH PART OF BIRTH PART PART OF BIRTH PART PART OF BIRTH PART OF BIRTH PART PART OF BIRTH PART PART OF BIRTH PART OF B	ON A FARM? YES NO X  ODY YEO  1959 19  AR IF UNDEP 24 HRS
OR INSTITUTION  3. NAME OF DECEASED [Type or print] FOSTER  B HONGRED NEVER MARRIED   8 DATE OF BIRTH   9. AGE [In years lost birthday]   Months   Divorced   MAU = 23 - 1894   Months    ON A FARM? YES NO X  ODY YEO  1959 19  AR IF UNDEP 24 HRS	
3. NAME OF DECRASED TO STER BY Middle Lost 4. DATE OF BIRTH APRIL - 9-1  5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH PLACE (State or foreign country)  100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY 17 BIRTHPLACE (State or foreign country)  100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY 17 BIRTHPLACE (State or foreign country)  112 CITIZEN OF LECTRICAL CONTRACTOR RETIRED 14. MOTHER'S MAIDEN NAME  12 CITIZEN OF LAND LAND LAND LAND LAND LAND LAND LAND	200y Year 1959 19 1R IF UNDEP 24 HRS
DECEASED [Type or print]    S SEX	959 19 AR IF UNDER 24 HRS
Type or print    OSTER   SEX   6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   8 DATE OF BIRTH   9. AGE [In years   If UNDER 1 YEAR   Inst birthday]   Months: Days   MAILE   WIDOWED   DIVORCED   MAILE   23 - 1894   CH yrs.   Months: Days   Month	AR IF UNDER 24 HRS
10. USUAL OCCUPATION (Give kind of work done during most of working) Iteleving for working life, even if retired)  ELECTRICAL CONTRACTOIL - RETIRED FRED. CO. MD.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), part 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  18. Cause of Death (Enter only one couse per line for (a), (b), and (c), one couse (a), stating the under-lying couse lost.  18. Cause of Death (Enter only one couse per line for (b), (c) and (c), one couse (a), stating the under-lying couse lost.  18. Cause of Death (b) Carthur Security Month (c)  18. Cause of Death (Enter only one couse per line for (b), (c) and (c), one couse (a), stating the under-lying couse lost.  18. Cause of Death (c)	
100. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY IT BIRTHPLACE (State ar foreign country)  12. CITIZEN OF LECTRICAL CONTRACTOR - RETIRED FRED. CO. MD.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT  16. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]  19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]  10. Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. (c)  10. CONDITIONS  11. DEATH WAS CAUSED BY OUT OF COUNTRY AND COUNTR	
during most of working life, even if retired)  FLECTRICAL CONTRACTOIL - RETIRED FRED. CO. MD.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address  [Vex. no. or unknown] [1] yea, give wor or dotat of tervices 218-30-9872 CECIL F. KEPFART BOONSIBORO D.  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  ON  Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  (c)	
TIS. WAS DECEASEDEVER IN U. S. ARMED FORCES? Id. SOCIAL SECURITY NO IV. INFORMANT Address  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), INFORMANT IMMEDIATE CAUSE (a) DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  (c)	OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT  Address  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), IMPORTANT (No. or without) (No. on the couse per line for (o), (b), and (c), on the couse per line for (o), (b), and (c), on the couse (o) (o), on the couse (o) (o), on the couse (o), on the couse (o), starting the under-lying couse lost.  (c)	A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO  17. INFORMANT  Address  218-30-9872  CECIL + KEPHART BOON S136.RO  INI  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost.  (c)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO  17. INFORMANT  Address  218-30-9872  CECIL + KEPHART BOON S136.RO  INI  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost.  (c)	72
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]  PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  ON  Conditions, if ony, which gove rise to immediate cause (a), stating the under. [b) OUE TO  Lying couse last. (c)	
IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  ON  Conditions, if ony, which gove rise to immediate couse (a), stating the under. [b) DUE TO  [bying couse last.]  [c]	MD.
PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) COLUMNING TURNS TO DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last.  (b) Carteria Team D  DUE TO  DUE TO	ITERVAL BETWEEN
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last.  DUE TO  (b) Car Acras Sector to Heart D  DUE TO  (c)	NSET AND DEATH
gave rise to immediate cause (a), stating the under:   lying cause last.   (c)	84. 13. 1.
gave rise to immediate cause (a), stating the under:   lying cause last.   (c)	Jan 7-1959.
lying couse last. (c)	
	19. WAS AUTOPSY
	PERFORMED? YES NO
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of Item 18.)	A
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While Not while of work at work at work at work work.	y) (State)
p, m. 19 of work at work	
21. I certify that I attended the deceased framation of 1954, to april 9, 1934, that I last s	saw the deceased
alive an April , 1959 , and that death accurred at 1.30 A.M. from the causes and an the de	late stated above.
ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE LEAVY hoverelling of unbodiens md	4-11-57
PHYSICIAN'S NAME (Type) TO VE DO VE DO STE IN	
220. BURIAL, CREMATION, 226. DATE THEREOF 221. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)	(Slote)
BURLLY APRIL-13-1959 BOONSHORD CEMETRRY BOONSBORD WASH. C.	O.MD
23 FUNERAL DIRECTOR'S SIGNATURE , ADDRESS 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
John I Best. BOONSBORO MD DATE APR 16'59 arthur & A	Frace



1	M	ARYLAND STATE DEPARTM	LENT OF HEALTH	-BALTIMORE, 18	
4 35		4847 CERTIFICA	ATE OF DEATH	١,	Reg. 0.14 S.4 7
th: Page of director	PLACE OF DEATH o. COUNTY Washington b CITY OF TOWN (If outside corpo	MARYLAND rote limits, write   c. LENGTH OF STAY IN 16	Maryland	ere deceased lived. If institution: b. COUNTY	Residence before admission)
s after death.	RURAL and give nearest town) Hagerstown d. NAME OF HOSPITAL (If not in he OR INSTITUTION	18 hours	* Rural  / d. STREET ADDRESS	Hager	e. IS RESIDENCE ON A FARM?
illed in best and	Washington Cou NAME OF DECEASED (Type or print) ROSCOE	First Middle	Hagerstown  Lost  plinger	4. DATE Month OF DEATH April	Pes ☑ NO ☐  Day Yeor  2 19 5 9
ted within 2 mpletely fills pers. Pages	male white	R RACE 7. MARRIED NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH April 9, 1	9 AGE (In yeors (IF last birthday) 12 7 7 7 1	UNDER 1 YEAR IF UNDER 24 HRS. Aonths Day Hours Min
e be executed an and comp corbon paper offer death.	during most of working life, even in Shoe laster  FATHER'S NAME	of work done 10b. KIND OF BUSINESS OR INDU fretired)	nr. Baker:	Bville, Md.	U. S. A.
physici physici pour hour	John Keplinger  WAS DECEASED EVER IN U. S. ARM  (et, no. or unknown)   (It yes, give wor or	AED FORCES? 16. SOCIAL SECURITY NO. 17.	Anna Mul	Address	
of the death ce the attending Then please re event within 72	PART I. DEATH WAS CAUS	y one cause per line for (o), (b), and (c).]	s. Ethel G. I		interval Between onset and Death 3 yrs.
requires that on signed by sil permit.	lying couse lost.	(b)			
i: The law ing physici te has bee burial-trar remaval,	PART II. OTHER SIGNIFICAL  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAM	NT CONDITIONS CONTRIBUTING TO DEATH BUT			IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN of ar ottend his certifico his certifico use as the emation, or		ay, Year 20d, INJURY OCCURRED 20e, PL	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)	20f. (City or town)	(County) (Stole)
A ATTENDING  d by the hospite  EVEN  control  or to burial, cr	21. I certify that I attended alive on		accurred at	M, fram the causes and DDRESS (Street, city or town, sta	that I last saw the deceased an the date stated above.  DATE SIGNED
OSPITAL OR of the service of the ser	PHYSICIAN'S NAME (Type) (1): p]				
moy be rel TO FUNERAL page 3 sho the registro	PUTER DIRECTOR'S SIGNATURE	THE TYPING OF CEMEICK! O	Cemetery 24a. REC'D		OWD MO
VS A15 (4) 15M 9/55	Winnich Funera	1 Home, Hagerstown	NAST PAIC	PR 6 '59 a	thur S. Kraus



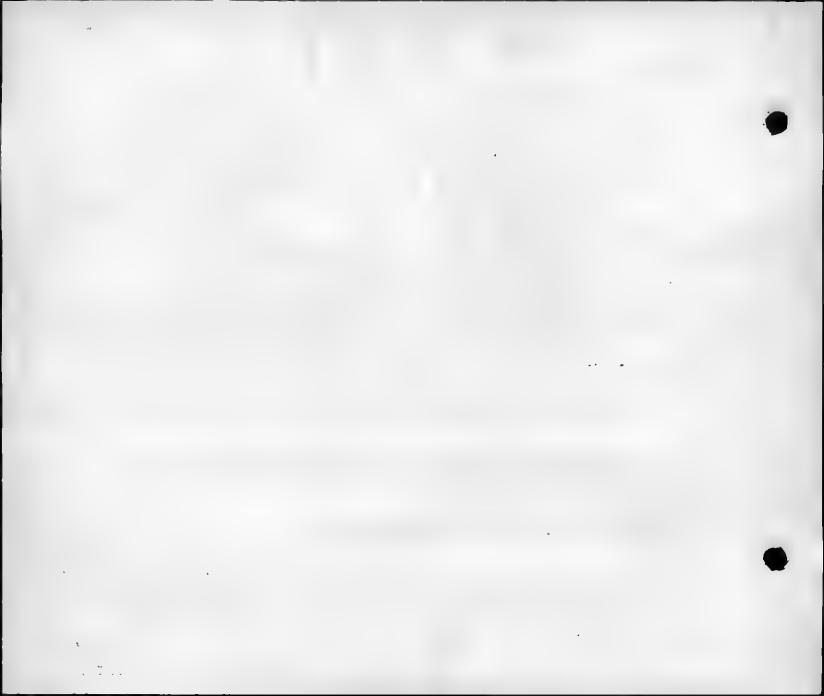
VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

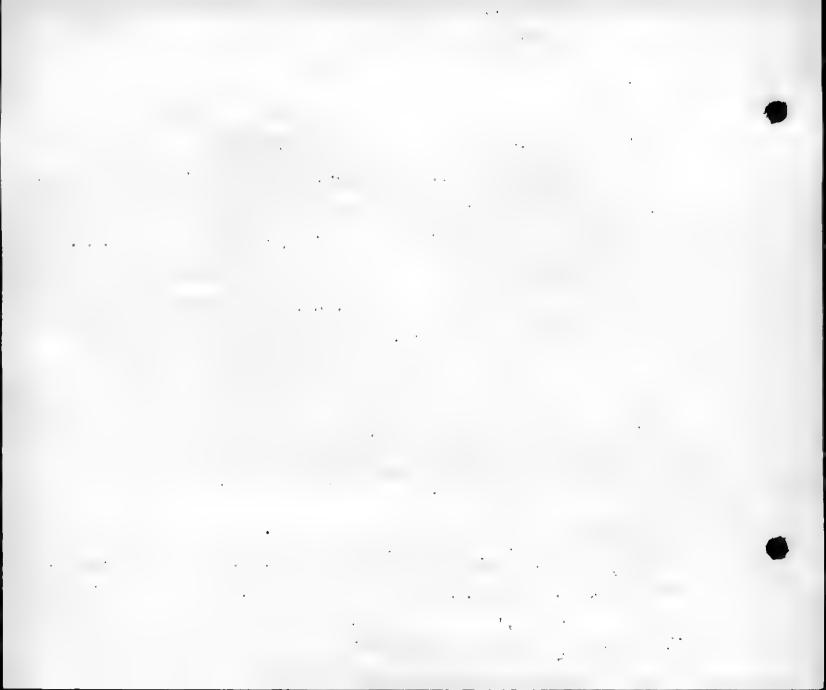
LARD CERTIFICATE OF DEATH

Ran Dist No.

				wall plan	110.				
	1. PLACE OF DEATH a COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o STATE							
	WASHINGTON	MARYLAND	MARYLAND WASHINGTON						
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	. CITY OR TOWN (If guiside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If guiside corporate limits, write							
	SAN MAR	X BOONSBORD							
	d. NAME OF HOSP TAL (If not in hospital, give street	/ d STREET ADDRESS e. IS RESIDENCE							
1	FAHRNEY-KEEDY MEMORY	SOUTH MA	IN STREER	ON A FAPM? YES TO NO IX					
	3. NAME OF First	Lost 4. D							
	DECEASED	Middle		F	0oy Year 7 — 19 59				
	CT .		8. DATE OF BIRTH		YEAR IF UNDER 24 HRS				
	LEWUTE MHILE MIDOME		Nov. 14. 1871	187 yo					
	10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or for	eign country) 12. CITIZ	EN OF WHAT COUNTRY?				
1	HOUSE WIFE	JWN HOME	FRED. Co.	MD. Vi	S.A.				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	TRANKLIN E ALEXANDER LVDIA E SMITH								
			NFORMANT	Address Address					
	(Yes, no, or unknown) [Iff yes, give war or dates of service]	MONE MY	RS. MARGARET	Strange Bis	MED IN INT				
			POLINIAR PRINCE	STERNIER 1300	NSBOKO MI				
	18 CAUSE OF DEATH [Enter only one couse per lin PART I, DEATH WAS CAUSED BY:	0-17	INTERVAL BETWEEN						
	IMMEDIATE CAUSE (a)	/ Ment Bo	ELEVOTRE 100	E & . VO	12-20-60				
1	4-20.0 DUE TO 3								
	Canditions, if any, which (b)	V Weeles							
	gave rise to immediate cause (a), stating the under-								
	lying cause last. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART I	(a) 19. WAS AUTOPSY				
3	<b>E</b>				PERFORMED? YES NO NO				
	PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I i	or Port II of item 18.)					
ı	U (IF EITHER, NOTIFY MEDICAL EXAMINER)								
1		NJURY OCCURRED   20e. PL	ACE OF INJURY (Hame, farm, 20f	(City or Jown)	unty) (Stote)				
1	Hour a.m. While	Not while too	tary, street, affice bldg., etc.)	· (Cory or ident)	onty) (store)				
	∑ p. m. 19 a1 warl	k of work	1						
	21. I certify that I attended the deceased from Kouch 1, 19-7; to April 1, 19-7, that I last saw the deceased								
	olive on Anna 1 195	I, and that death	accurred at 12 YOAM.	from the causes and an the	date stated above.				
	I do it is	, , ,		ESS (Street, city or tawn, state)	DATE SIGNED				
,	SIGNATURE 11- 111 dell	0:22	40 0000	nalozi,	4/9/59				
/		,		}					
	PHYSICIAN'S GWILEV	a+2		'lua					
	220 BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY OF	CREMATORY 224	LOCATION (City, lawn, ar county)	(State)				
	PREMOVAL (Specify)	12	An .		(Sidile)				
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	CEMETERY	REGISTRAR 24b REGISTRAR'S SIGN	1ATURE				
		malre Md	240 REC'D 8Y F	600 -4					
	Make H. Baskle 12-0	O ICALICULA I PUI	DATE ALD	1 0 00	a b many and				

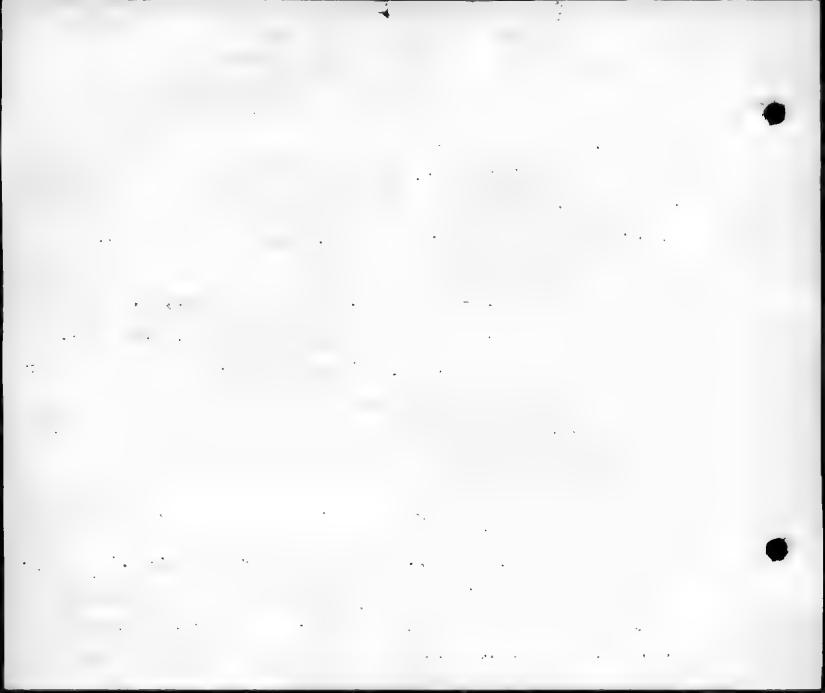


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



executed within

death



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT. PLACE OF DEATH a COUNTY MARYLAND ashington c. LENGTH OF STAY IN 16 b. CITY OR TOWN 8th puts de cornetrate limits, errite RURAs. Hagerstown Hra Baltimore City d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 802 Umbra St Kuhn Ave 3. NAME OF Middle DECEASED (Type or print) GEORGE 6 COLOR OR RACE 7 MARRIED TI NEVER MARRIED TI 8 DATE OF BIRTH WIDOWED IT DIVORCED | Male Jany 26 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State as foreign country) during most of working life, even if retired) Freight Solicitor Trucking Co Baltimore City Ld. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Belle (No Record) Harry Kramer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT William G. Kramer Jr 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] in Item, ce alang PART I. DEATH WAS CAUSED BY: Acute coronary thrombosis IMMEDIATE CAUSE (a) cal Examiner's Office at used as a buriol-transit pencil in DUE TO Arteriosclerotic coronary heart disease Conditions, if ony, which) gave rise to immediate cause DUE TO (a), stating the underlying cours lost. PART IL OTHER SIGN-FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I) of stem 18.) None 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year factory, sireet, office bldg., etc.) w.m. None of work of work None 23. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection X, Inquiry \(\pi\). ್ ಕ್ಲ opinian death resulted from: Natural causes 🕱. Accident 🔲, Suicide 🗍, Hamicide 🗍, Undetermined manner 📗 CHIEF MEDICAL EXAMINER PR-\_5/\_. ASSISTANT MEDICAL EXAMINER S. Robert Wells, M.D. **EXAMINER'S** 

2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) **b** COUNTY c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e IS RES DENCE YES NO TO DEATH 19 9. AGE (In years IFUNDER TYEAR IF UNDER 24 4KS Hours 12 CITIZEN OF WHAT COUNTRY? USA Umbra St Baltimore CONSET AND DEATH PERFORMED? NO [ (County) (Stote) **DATE SIGNED** DEPUTY MEDICAL EXAMINER [7] 22d ŁOCATION (City, town, or county) Baltimre County 246 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

4. DATE

BM 2 157

NAME (Type)

REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

Burial

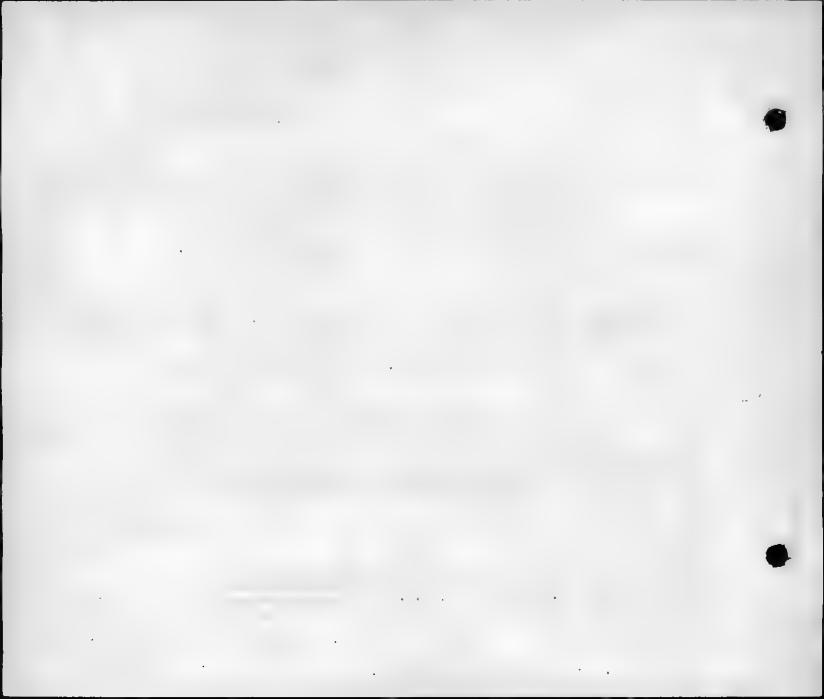
220. BURIAL CREMATION, 1226 DATE THEREOF

Andrew K. Coffman Hagerstown Md.

22c NAME OF CEMETERY OR CREMATORY

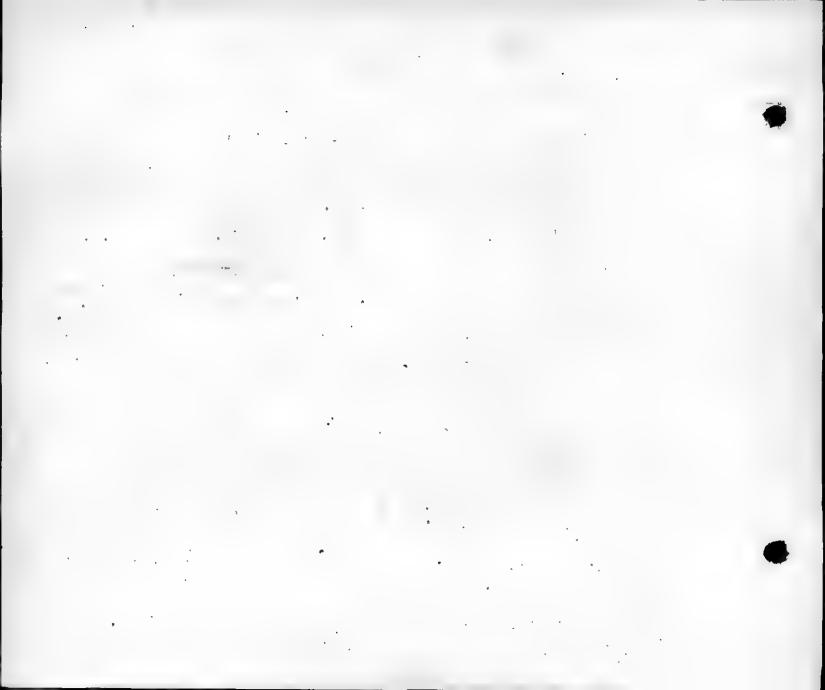
DATE

arkwood Cemeterv



b CITY OR TOWN III authods composed limits, write   c. LENGTH OF STAY IN 16    HERCH STOWN  I D YPS.   C. CITY OR TOWN III outhod composed limits, write   c. LENGTH OF STAY IN 16    HERCH STOWN  I D YPS.   C. CITY OR TOWN III outhod composed limits, write   c. LENGTH OF STAY IN 16    HERCH STOWN  I D YPS.   C. CITY OR TOWN III outhod composed limits, write   c. LENGTH OF STAY IN 16    HERCH STOWN  I D YPS.   C. CITY OR TOWN III outhod composed limits, write   c. LENGTH OF STAY IN 16    HERCH STAY IN 16   LOS YES   C. CITY OR TOWN III outhod composed limits, write   c. LENGTH OF STAY IN 16    HERCH STAY IN 16   LOS YES   C. CITY OR TOWN III outhod composed limits, write   c. LENGTH OF STAY IN 16    HERCH STAY IN 16   LOS YES   C. CITY OR TOWN III outhod composed limits, write   c. LENGTH OF STAY IN 16    HERCH STAY IN 16   LOS YES   C. CITY OR TOWN III outhod composed limits, write   c. LENGTH OF STAY IN 16    HERCH STAY IN 16   LOS YES   C. CITY OR TOWN III outhod composed limits, write   c. LENGTH OF STAY IN 16    HERCH STAY IN 16   LOS YES   C. CITY OR TOWN III outhod composed limits, write   c. LENGTH OF STAY IN 16    HERCH STAY IN 16   LOS YES   C. CITY OR TOWN III outhod composed limits, write   c. LENGTH OF STAY IN 16    HERCH STAY IN 16   LOS YES   C. CITY OR TOWN III outhod composed limits, write   c. LENGTH OF STAY IN 16    HERCH STAY IN 16   LOS YES   C. CITY OR TOWN III outhod composed limits, write   c. LENGTH OF STAY IN 16   LOS YES   C. CITY OR TOWN III outhod composed limits, write   c. LENGTH OF STAY IN 16   LOS YES   C. CITY OR TOWN III outhod composed limits, write   c. LENGTH OF STAY IN 16   LOS YES   C. CITY OR TOWN III outhod composed limits, write   c. LENGTH OF STAY IN 16   LOS YES   C. CITY OR TOWN III outhod composed limits, write   c. LENGTH OF STAY IN 16   LOS YES   C. CITY OR TOWN III outhod composed limits, write   c. LENGTH OF STAY IN 16   LOS YES   C. CITY OR TOWN III outhod composed limits, write   c. LENGTH OF STAY IN 16   LOS YES   C. CITY OR TOWN III outhod composed limits, wr	W 1.2	) عد	\		4850 CERTIFIC	CATE OF DEATH	()4852
HEURAL and goth secretal form)  A. NAME OF HOSTIAL (If not in hospital), give street oddress)  J. SAME OF HOSTIAL (If not in hospital), give street oddress)  J. SAME OF HOSTIAL (If not in hospital), give street oddress)  J. NAME OF HOSTIAL (If not in hospital), give street oddress)  J. NAME OF HOSTIAL (If not in hospital), give street oddress)  J. SAME OF HOSTIAL (If not in hospital), give street oddress)  J. NAME OF HOSTIAL (If not in hospital), give street oddress of Hostial (If not in hospital), give street oddress of Hostial (If not in hospital), give street oddress of Hostial (If not in hospital), give street oddress of Hostial (If not in hospital), give street oddress of Hostial (If not in hospital), give street oddress of Hostial (If not in hospital), give street oddress, give street oddress, give street oddress, give street oddre	Page director		KI)	1	a COUNTY	a STATE b COUNTY	Residence before admission) ashington
d. STREET ADDRESS    Constitution	death		×		b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Hagerstown  10 yrs.		AL and give nearest lown)
DOUBLE OF JOHN HER LAND TO BE AND THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 DIT HER LAND THE STATE OF BEATH ADDITION OF BEATH ADDITI	by In	physician and campletely filled improve carbon papers. Pages 1 c		1	OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
Male White Divorced Divorced Sept. 16 1869 89 75. April 10. USUAL OCCUPATION (Give lind of work done lib. KIND OF BUSINESS OR INDUSTRY 11. SIRTHFLACE (Stole or foreign country)  10. USUAL OCCUPATION (Give lind of work done lib. KIND OF BUSINESS OR INDUSTRY 11. SIRTHFLACE (Stole or foreign country)  11. ST. James Md.  12. ADMINISTRANAME  13. FATHERS NAME  14. ADMINISTRANAME  14. ADMINISTRANAME  15. SOCIAL SECURITY NO. INFORMANT  16. SOCIAL SECURITY NO. INFORMANT  17. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  18. CAUSE OF DEATH (Enter only one counter per into to (o), (b), ord (c))  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  18. CAUSE OF DEATH (Enter only one counter per into to (o), (b), ord (c))  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  NONE  18. CAUSE OF DEATH (Enter only one counter per into to (o), (b), ord (c))  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  10. OR OF THE SECURITY NO. INFORMANT  NONE  18. CAUSE OF DEATH (Enter only one counter per into to (o), (b), ord (c))  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  19. WAS DECEASED EV	24 h			3.	DECFASED	OF .	
TRAITING UNITER ABOUT TO THE STANDERS AME    14 MOTHER'S MAME   14 MOTHER'S MAME   15 MOTHER'S MANDEN NAME   15 MOTHER'S MANDEN NAME   15 MOTHER'S MANDEN NAME   16 MOTHER'S M	3 8			S.		lost birthday) M	UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Hours Min.
George Krebs    Tracy Easterday   Tracy Easterda				10 F	o. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)  arm Owner Ret d Farm		12. CITIZEN OF WHAT COUNTRY? U. S. A
NO NONE PTS DIFFERENCE FOR THE COUNTY OF THE PART I DEATH WAS CAUSED BY.  PART I. DEATH WAS CAUSED BY.  PART I. DEATH WAS CAUSED BY.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IS WITH A DEAD OF THE PART I DEATH WAS UNDERLYING TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IS WITH A DEAD OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IS WITH A DEAD OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IS WITH A DEAD OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IS WITH A DEAD OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IS WITH A DEAD OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IS WITH A DEAD OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IS WITH A DEAD OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IS WITH A DEAD OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTION CONTRIBUTION GIVEN IN PART II. OTHER SIGNIFICANT CON	^ -		1	13.			
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),   Dallary   D	certifice		I)	15 (Y	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT 1546 Address	al Highway
Conditions. If only, which gove rise to immediate couse (a), stoting the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) 19 WAY PES 10 TO THE CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) 19 WAY PES 10 TO THE CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) 19 WAY PES 10 TO THE CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) 19 WAY PES 10 TO THE CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) 19 WAY PES 10 TO THE CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) 19 WAY PES 10 TO THE CONTRIBUTION CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) 19 WAY PES 10 TO THE CONTRIBUTION GIVEN IN PART Ito) 19 WAY PES 10 TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) 19 WAY PES 10 TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) 19 WAY PES 10 TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) 19 WAY PES 10 TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) 19 WAY PES 10 TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) 19 WAY PES 10 TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) 19 WAY PES 10 TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) 19 WAY PES 10 TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) 19 WAY PES 10 TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) 19 WAY PES 10 TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) 19 WAY PES 10 TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) 19 WAY PES 10 TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITO THE TERMIN	he death a ottendi		,	ľ	PART I, DEATH WAS CAUSED BY:	Hailure	INTERVAL BETWEEN ONSEY AND DEATH
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAPER YES  20a ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B)  20a ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B)  20a ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B)  20a ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B)  20a ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B)  20b TO CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAPER YES  20c ACCIDENT WAS UNDERLYING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAPER YES  20b TO CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAPER YES  20c ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B)  20c. PLACE OF INJURY (Home, form, 20f. (City or tawn)  20c. PLACE OF INJURY (Home, form, 20f. (City or tawn)  20c. PLACE OF INJURY (Home, form, 20f. (City or tawn)  20c. PLACE OF INJURY (Home, form, 20f. (City or tawn)  20c. PLACE OF INJURY (Home, form, 20f. (City or tawn)  20c. PLACE OF INJURY (Home, form, 20f. (City or tawn)  20c. PLACE OF INJURY (Home, form, 20f. (City or tawn)  20c. PLACE OF INJURY (Home, form, 20f. (City or tawn)  20c. PLACE OF INJURY (Home, form, 20f. (City or tawn)  20c. PLACE OF INJURY (Home, form, 20f. (City or tawn)  20c. PLACE OF INJURY (Home, form, 20f. (City or tawn)  20c. PLACE OF INJURY (Home, form, 20f. (City or tawn)  20c. PLACE OF INJURY (Home, form, 20f. (City or tawn)  20c. PLACE OF INJURY (Home, form, 20f. (City or tawn)  20c. PLACE OF INJURY (Home, form, 20f. (City or tawn)  20c. PLACE OF IN	res that the ned by the				Conditions, if ony, which gove rise to immediate (DUTE	The Heart Union	gar
200 ACCIDENT WAS UNDERLYING   200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18)  200 ACCIDENT WAS UNDERLYING   200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18)  201 OR CONTRIBUTING   CAUSE OF DEATH   200 DESCRIBE HOW INJURY OCCURRED   200 PLACE OF INJURY (Home, form, 20f. (City or tawn) foctory, street, office bldg, etc.)  202 DESCRIBE HOW INJURY OCCURRED   200 PLACE OF INJURY (Home, form, 20f. (City or tawn) foctory, street, office bldg, etc.)  203 DESCRIBE HOW INJURY OCCURRED   200 PLACE OF INJURY (Home, form, 20f. (City or tawn) foctory, street, office bldg, etc.)  204 DESCRIBE HOW INJURY OCCURRED   200 PLACE OF INJURY (Home, form, 20f. (City or tawn) foctory, street, office bldg, etc.)  205 DESCRIBE HOW INJURY OCCURRED   200 PLACE OF INJURY (Home, form, 20f. (City or tawn) foctory, street, office bldg, etc.)  206 DESCRIBE HOW INJURY OCCURRED   200 PLACE OF INJURY (Home, form, 20f. (City or tawn) foctory, street, office bldg, etc.)  207 DESCRIBE HOW INJURY OCCURRED   200 PLACE OF INJURY (Home, form, 20f. (City or tawn) foctory, street, office bldg, etc.)  208 DESCRIBE HOW INJURY OCCURRED   200 PLACE OF INJURY (Home, form, 20f. (City or tawn) foctory, street, office bldg, etc.)  209 DESCRIBE HOW INJURY OCCURRED   200 PLACE OF INJURY (Home, form, 20f. (City or tawn) foctory, street, office bldg, etc.)  200 DESCRIBE HOW INJURY OCCURRED   200 PLACE OF INJURY (Home, form, 20f. (City or tawn) foctory, street, office bldg, etc.)  207 DESCRIPTION OF INJURY MEDICAL EXAMINER:  208 DESCRIPTION OF INJURY MEDICAL EXAMINER:  209 DESCRIBE HOW INJURY OCCURRED   200 PLACE OF INJURY (Home, form, 20f. (City or tawn) foctory, street, office bldg, etc.)  200 DESCRIPTION OF INJURY MEDICAL EXAMINER:  201 DESCRIPTION OF INJURY MEDICAL EXAMINER:  202 DESCRIPTION OF INJURY MEDICAL EXAMINER:  203 DESCRIPTION OF INJURY MEDICAL EXAMINER:  204 DESCRIPTION OF INJURY MEDICAL EXAMINER:  205 DESCRIPTION OF INJURY MEDICAL EXAMINER:  206 DESCRIPTION OF INJURY ME	v requi			Z	lying couse lost. (c)	THE NOT BELATED TO THE TERMINAL DISEASE CONDITION CIVEN	IN PART I(a) 19 WAS AUTOPSY
DYNAME (Type)  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at work of work	he lav		^			fection	PERFORMED?
21. I certify that I attended the deceased from	LAN: 1 rending ficate					RED. (Enter nature of injury in Port I or Part II of item 1B.)	,
alive an 19.59, and that death accurred at 7.33 M, fram the causes and an the date state and a state of the s	PHYSIC al ar at this cert			MEDICA	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while at wark of wark	PLACE OF INJURY (Home, form, 20f. (City or tawn) factory, street, office bldg, etc.)	(County) (State)
ACTUAL SIGNATURE  ACTUAL SIGNATURE  M.D. 35 No. 06 purse of the property of th	ADING hospit	orial, cr				1 17 6 1	at I last saw the deceased
NAME (Type)  20. BURIAL CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)  REMOVAL Specify) April 19-59 Greenlawn Cemetery Williamsport Md.	D A LE	be detoc or to bu			ACTUAL / A /		
Burial April 19-59 Greenlawn Cemetery Williamsport Md.	retoine	strar pri	1				
	HOSP may be FUNE	FUNE loge 3 he regit	14.5	22	PEMOVAL (Specify)	774	
VS A15 (4) COURT X X left Could smaper of 10 DATE APR 20'59 Criting & Fame		)	K	23		24a. REC'D SY REGISTRAR 24b. REGISTR	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





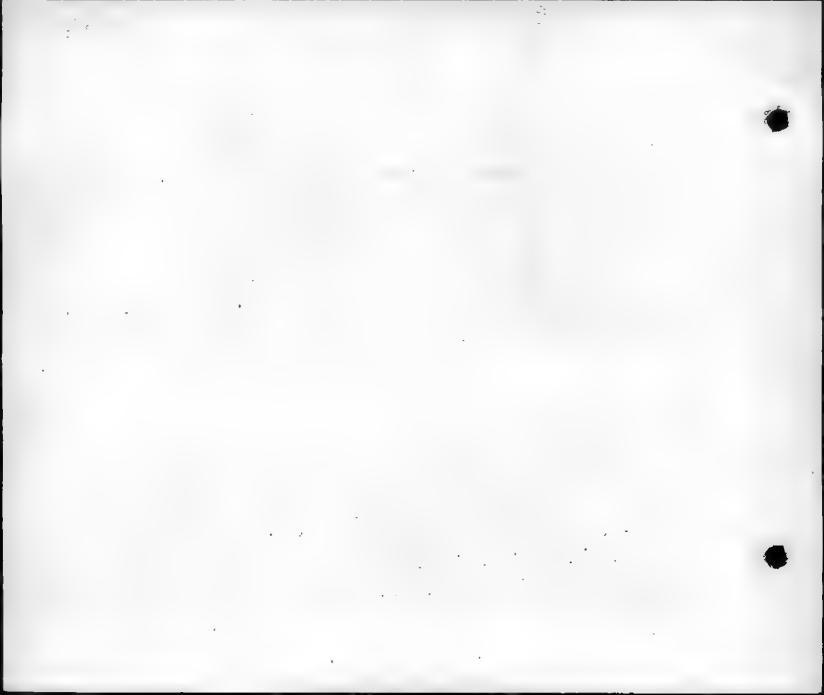
VS A15 (4) 15M 9/5B

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4851 CERTIFICATE OF DEATH

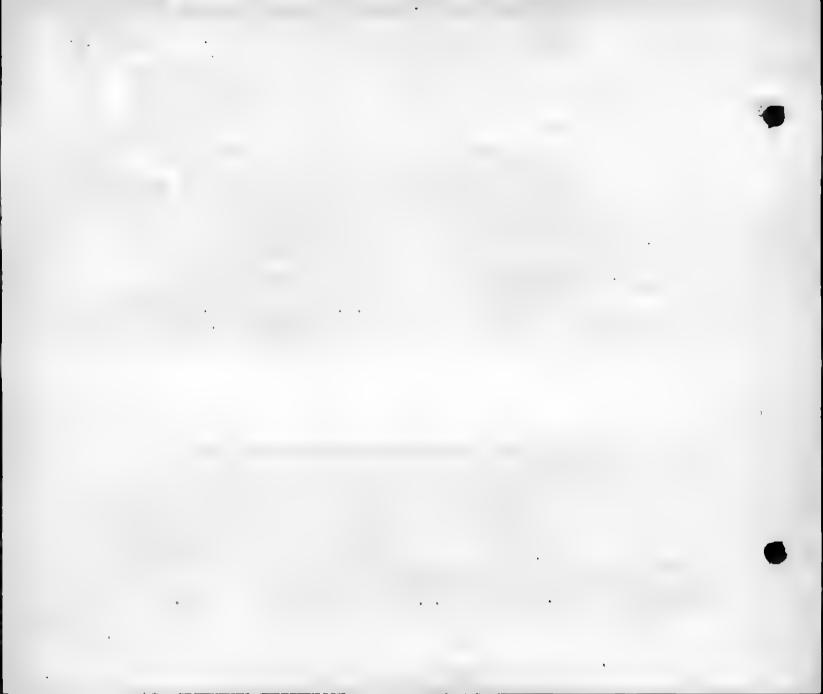
()4854 Reg. Dist. No.

	1. F	PLACE OF DEATH					DENCE (Where dece			ice before	admission)		
	COUNTY MARYLAND				6. COUNTY								
	Ŀ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)					c. CITY OR TOWN (If outside corporate fimils, write RURAL and give nearest town)						
	H.	AG TROTO	si iown)	3	DAYS	■ < CLE	AR SEKI	G hT 2	2				
à		d. NAME OF HOSPITAL	(If not in hospital, gi	ive street addres	s)	d. STREET A					IS RESIDENCE ON A FARM?		
	1. 1	ASH. COUNT	TY HOSPI	TAL		" ROUTE	40 11	ST			YES NO		
	3. 1	NAME OF	Firs	st .	Middle	Los			Month	Day	Yeor		
		DECEASED (Type or print)	BE	SSIE	LOUIS	E LESI	IER OF	ATH	4	15	19 59		
	5. S		COLOR OR RACE	7. MARRIED [	NEVER MARRIED	B DATE OF BIRT	н	9. AGE (In )		$\rightarrow$	UNDER 24 HRS		
	FE	MALE W	WITE !	WIDOWED 🗌	DIVORCED [	SEPT I	3. I9I4	44	yrs. Monins	Days   I	Hours Min.		
	10a	USUAL OCCUPATION (	Give kind of work d	lone 10b. KIND	OF BUSINESS OR IND	USTRY 11. BIRTHPI	ACE (State or forei		12 CIT	IZEN OF W	HAT COUNTRY?		
	H	IOUSE WORK	me, even it rented)	07.1	LAOR	AR	YLA 'D		T.	.3.1			
	13.	FATHER'S NAME			1.22.1.	14. MOTHER'S	MAIDEN NAME						
	S	AMITEL S.	McCARTY			. LALTA	TT.	7					
	15.	WAS DECEASED EVER IN	U S. ARMED FOR		L SECURITY NO	INFORMANT			Address				
	[145	i, no, or waknown) (If ye	s, give wor or dates of se		-09-0941	L. HALO	Lu ISH.	R 37 1	a 3i al		ה		
	m	18. CAUSE OF DEATH	Enter only one cou			.,	4.4.2.2.11.		** <u>****</u>	INTERV	VAL BETWEEN		
	Ш	PART I, DEATH	WAS CAUSED BY: MEDIATE CAUSE (o)	เมเ	REMIA						WEEKS		
		592 V	DUE TO										
		Conditions if ony,		CHRONIC	GLOMERUL	ONEPHRITIS	WITH HY	PERTENSIO	ЭИ	15	YEARS		
	Ш	gove rise to imm	ediote (										
	Ш	couse (a), stating the lying couse lost,	under-										
	z	PART II OTHER	S GNIFICANT CONE	DIT ONS CONTR	BUTING TO DEATH BE	JT NOT RELATED TO	THE TERMINAL DIS	EASE CONDITION	N GIVEN IN PAR	T 1(o) 19.	WAS AUTOPSY		
2	FICATION				NONE						PERFORMED?		
		20a ACCIDENT WAS U	INDERLYING	20Ы. DESCRIBE	HOW INJURY OCCUR	RED. (Enter noture o	f injury in Port I or	Port II of item 11	B.)				
	CERT	(IF EITHER, NOTIFY MEI	DICAL EXAMINER)										
	CAL	20c. TIME OF INJURY	Month, Day, Yea	r 20d. INJURY			Home, form, 20f.	(City or lown)	(	County)	(Stote)		
	MEDICAL	Hour o.m.	19	While i	401 WILL B.	factory, street, offic	e blog, etc )						
		21. I certify that	Lattended the	deceased fo	om MARCH 2	. 1959 10	to APRIL	15. 10	59 that I la	net eense t	the deceases		
	Ш	alive an APRIL			, and that dea								
	Ш	//		) ^	, dilamente	iii decorred de		S (Street, city or I		e date s	DATE SIGNED		
	Ш	ACTUAL SIGNATURE	iki as	Beil	Ahren	14 D							
1	Ш	7	0										
		PHYSICIAN'S NAME (Type)	ARCHIE	ROBERT	COHEN, M.D.	CLEA	R SPRING,	MARYLA	ND AF	RIL I	6, 1959		
	220	BURIAL, CREMAT ON,	22b. DATE THEREO	F 22c.	NAME OF CEMETERY	OR CREMATORY	22d. L0	OCATION (City, I	own, or county)		(Stote)		
	3	REMOVAL (Specify)	4/11/30	, ,	nad ATIT	Cal Prints	,v JL	MAR SI.	I. 3, 11	J.			
	23_	FUNERAL DIRECTOR'S SI	GNATURE		ADDRESS		24a. REC'D BY RE	GISTRAR 24b.	REGISTRAR'S SI				
		John 7. Cl	ark	CL	EAR SPAL	3,).	DATE APR 2	0 '59	arthur 2	8. Hour	A		



deoth.





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 302 Reg. Dist. No. ALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. COUNTY MARYLAND ashington b CITY OR TOWN (If puts de corpora e lim is, er le BUEAL c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and a ve negrest town) and nive pearest town! Hr Hagerstown Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS a IS RESIDEN E ON A FARM? 130 E. E. Baltimore Street Baltimore YES NO 🔯 3 NAME OF 4 DATE DECEASED DEATH ADTIL Type or print) PAGE MARPEL. 5. SEX 6 COLOR OR RACE 7. MARRIED KINEVER MARRIED [ 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HES last birthday) Months Hours Male WIDOWED T DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) M.C. . 12. CITIZEN OF WHAT COUNTRY? Wakes Blue Prints Fairchild Hagerstown Wash. 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Camilla Everhart Arthur H. Marpel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Mrs Jane W. Marpel 130 E. Baltimore No Hagerstown Md. 18 CAUSE OF DEATH | Enier only one couse per l'ne far (a), (b), and (c). ] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Gun shot into skull and brain (32 IMMEDIATE CAUSE (o) 160 X DUE TO Conditions, if any, which ! gave rise to immediate couse **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED? 0 NO X 20g. EXTERNAL CAUSE WAS PRIMARY (9) BY CONTRIBUTING (1) CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port ) or Part II of Item 18) Shot self in head 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (Caunty) (State) factory, street, office bldg., etc.) Md Wash Hagerstown at work of work in car 21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . opinion death resulted from Natural causes . Accident . Suicide , Homicide . Undetermined manner et Wello ACTUAL SIGNATURE DATE SIGNED CHIEF MEDICAL EXAMINER ā ASSISTANT MEDICAL EXAMINER [7] FUNERAL S. Robert Welle, M.D. **EXAMINER'S** 4-6-59 DEPUTY MEDICAL EXAMINER [3] NAME (Type) 270. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Rose Hill Cemetery Hagerstown Wash. Co Ld 0 **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAN 24b. REGISTRAR'S SIGNATURE DATEAPR 9 Andrew K. Cofin n Hagerstown ad. 5M 2/57



### FOR STATE HEALTH DEPT.

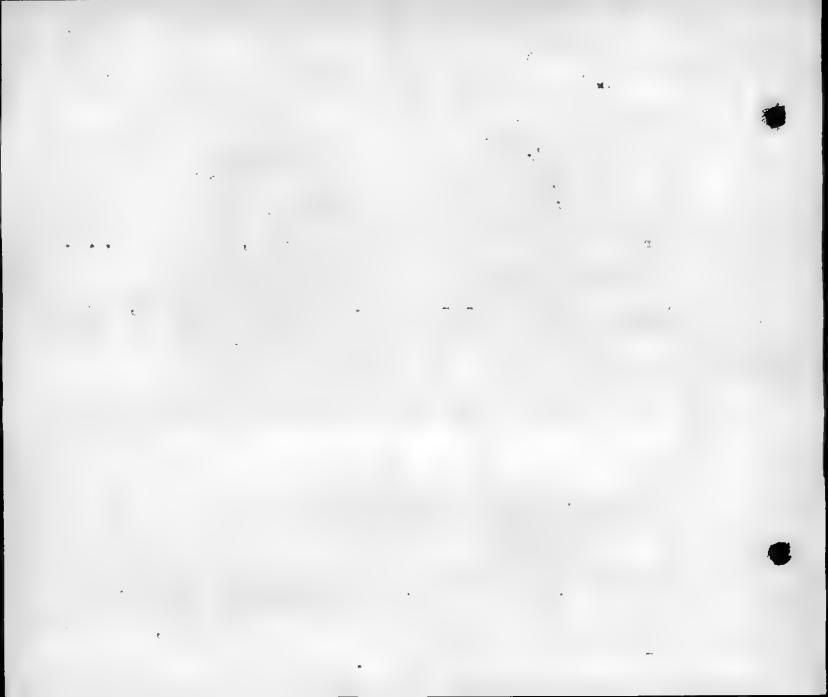
DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certifier, writing the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relatived to friftes. The first page 5 may be relatived to friftes. The Funeral DIR HUR: Page 3 should be used as a burial fransity permit. File pages 1 and 2 with the State Baar Mile Health, or its designated agent, prior to burial, cremation, or femoral, and in any event within 72 hours after death.

5-	-	TO.	ŏ	
Cer	P	2	Ξ	1
40	WOR	Med	2	
æ	3	4	ă	
F-	63		ž	•
-11	ing the	占	9/1	
100	_	_	S	
Z	5	, Ф.	40	
7	逆	士	0	1*
-5	·F	D	o	
-5	writin	to the	: Poge	
×	- 2	P	ec.	
MEDICAL EXAMINER:	-	-	BOR: P.	
7			•	
a			æ	,
=	20	Ba	8	
	ceri	0	ᇙ	,
3	L)	40		
-	40	ă	VERAL	
>-	Address .	_	3	
느	1	2	UM.	
=	<del>+</del> -	2	Z	
6340	Ū	ě	5	
0	execute the	4 shauld be for	<u>=</u>	
0	40	74	^	
TO DEPUTY			Z	
VS.	. A	15	ME	
Ę.	M 2	2/9	7	
2	** 4	24		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4854 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()4858 Reg. Dist. No. 302

	ACE OF DEATH					H	IDENCE (W	here deceased liv			nce before	odmission)
		ashington		MAI	RYLAND	g. STATE	Mary!	Land	b. COUNTY	Was	ningt	on
b.	CITY OR TOWN (He and give negretal fown)	outs de corporate fimits, writ	W RURAL	c LENGTH OF STA	Y IN Ib	c CITY OR	TOWN (IE	outside corporate	limits, write !	RAL and	give neor	est lown)
	Hagerston	i/m		35 days		, -	Hage	rstown				
d	NAME OF HOSPITA	L OF INSTITUTION	(if not in hos	pital, g ve street addr	ess)	d. STREET A	ADDRESS					IS RES DENCE
	Washing	ton County	Hospi	tal			28 B	roadway			1	ES NO K
3. N	AME OF	Fir	rsf	Middle		Losi		4. DATE	Month	-	Doy	Year
	ype or print)	HARRY		EDWIN		MAR	TIN	DEATH AP	ril		3	19 59
5. SE	X	6. COLOR OR RACE	7- MARRIE	ED 🔝 NEVER MARRI	ED D B.	DATE OF BIRTH	1	9. Al	GE (In years	IF UNDER 1		UNDER 24 HRS
In.	ale	white	WIDOWE	DIVORCE		Septemb	er 28	, 1874	84 yrs.	Months [	Days H	ours Min.
10a.	LSUAL OCCUPATIO	N (Give kind of work life, even if relired)	done 10b K	CIND OF BUSINESS O	R INDUST	RY 11 BIRTHPL	ACE (Stole o	or foreign country	1)	12 CITIZ	EN OF V	VHAT COUNTRY?
00	Barber	, me, even a remedy	Se	alf Employ	ed	D 1111	ittsb	urg, Mar	yland	1	U.S.	A.
13. 1	ATHER'S NAME					14. MOTHER'S	MAIDEN N	AME		-		
	Jo	hn David M	artin				Henri	etta Ham	ın			
		R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO	) 17. IN	FORMANT			Address			
	ne ne	fit has Bue was at adject of		20-30-9611	Mr	s. Ethe	1 Mar	tin H	agerst	own,	Mary	land
	B. CAUSE OF DEAT	H Enter only one co	use per line	for (o), (b), and (c).]							INTERVAL	BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)			Fracta	ired	skull w	ith i	intra-cranial			UNSU A	ND BEATH
	4111C C11030 (0)								rrhage		1	3_days
	Canditions, if an		,									
	gave rise to immed	iale couse		-							-	
	(a), stating the w	ndertying	1									
z l	PART II, OTH	ER SIGNIFICANT CON	IDITIONS CO	ONTRIBLTING TO DEA	TH BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE CON	NDITION GIVE	N IN PART	1(0) 19.	WAS AUTOPSY
ICATIC												ERFORMED?
ŭ	20g. EXTERNAL CAU PRIMARY & J or CON CAUSE OF DEATH.	SE WAS ITRIBUTING []	Ped	e how injury occi lestrian ci	URRED (E	ne stre	et the	Tor Fort 11 of rie	truck l	by aut	tomob	ile
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye		NJURY OCCURRED	20e. PLAC	E OF INJURY (	tome form.	20f. (City or to	wn)	(Cour	nly)	(State)
8	12:40 p.m.	Feb . 28 19	59 While	Not white ork 🔯		treet	mag , erc.)		rstown	Wa	ash	Md
	21. I certify that I tack charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my											
		resulted fram:			-	-		lamicide [],	Undeter			
	ACTUAL SIGNATURE	P. Roles	est	well	1	_M D CHIEF M	LEDICAL EXA	AMINER [			D	ATE SIGNED
	EXAMINER'S NAME (Type)	S. Ro	bert W	Wells, M.D				L EXAMINER [] XAMINER []		4.	-6-59	<b>)</b>
220.	BURIAL, CREMATION	N. 276 DATE THERE		27c. NAME OF CEMI	63			27d. LOCATION				(State)
	Burial	4/7/1959		Rose Hill	-ene	tery		Hage	rstown	9	1	Maryland
<sup>23</sup> .5	uter-Rouz	SIGNATURE Or Funeral	Home	ADDRESS				BY REGISTRAR	24b. REGIST	RAR'S SIGI	NATURE	
	. Frank Fr	(1)		Hagersto	wn, l	id.	DATE A	PR 8 '59	a	Thus &	16	

. . . .



0

0

MARYLA	ND STATE DEPART	MENT OF HEALTI	1—BALTIMORE, 18	0.4050
4855	CERTIFIC	CATE OF DEATI	-1	148039 Reg. Dist. No. 302
PLACE OF DEATH  o COUNTY	•	o STATE	nere deceased lived If institution b. COUNTY	Residence before admission)
Washington	MARYLANI	Mary!	land	Washington
<li>b. CITY OR TOWN (If outside carporate limits, w RURAL and give nearest town)</li>	write c. LENGTH OF STAY IN 1	b c- City OR TOWN (If a	outside carporate limits, write RUR	AL and give nearest town)
Hagerstown	12 hours	Hager	stown	
d NAME OF HOSPITAL (If not in hospital, give or institution  Washington County Hosp:		d. STREET ADDRESS	rveland Ave.	« IS RESIDENCE ON A FARM? YES NO
NAME OF First DECEASED (Type or print)  KAWANEE	Middle PAGE	MAYES	4. DATE Month OF DEATH April	Day Year 21. 19 59
SEX 6. COLOR OF RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years IF	UNDER I YEAR IF UNDER 24 HRS
Female White w	DOWED DIVORCED	April 20, 19	last birthday) A	Months Days Hours Min
a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR IN	DUSTRY 11 BIRTHPLACE (State	ar foreign country)	12 CITIZEN OF WHAT COUNTRY
none	none	Hagerston	m, Maryland	U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN I		
Richard Paige Ma;	yes-	E	ther Louise Sha	ffer
WAS DECEASED EVER IN U. S. ARMED FORCES		INFORMANT	Address	
no	none	Mr. Richard	R. Mayes Ha	igerstown, Md.
PART I DEATH (Enter only one cause  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate	Congenital hea No other dise			INTERVAL BETWEEN ONSET AND DEATH Birth
cause (a), stating the under-				
PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO T
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o. m 19	DESCRIBE HOW INJURY OCCUR	RRED. (Enter nature of injury in	Port 1 ar Port II af item 18 }	
Hour o. m	20d. INJURY OCCURRED 20e. White Nat white 1 If work 1 of work 1	PLACE OF INJURY (Hame, forn factory, street, affice-bldg,, atc	20f. (City or town)	(County) (State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Robert F. Ke	7- Kockle eadle 318 Nor	Hag M.B. Sthermac St	Am, from the causes and ADDRESS (Street, city or town, sto erstown, Mary, meet, Hagersto	d on the date stated above land 4-22.
Burial CREMATION, 225. DATE THEREOF L1/23/1959	Rest Haven	Cemetery	Hagerstown,	Maryland
Suter-Rouzer Funeral H	ome Hagerstown,	Md . DATE		AR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

filed

carbon

physician

attending

7

permit.

**burial-transit** 

certificate

DIRE pluods

FUNER

0

page

death.



**CERTIFICATE OF DEATH** 4857 302 Reg. Dist. No. director, filed with deoth. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Washington MARYLAND Washington Maryland ero b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) å RURAL and give nearest town) Hagerstown mo. 13 days Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 11 West Antietam Street Garlock Nursing Home YES NO X NAME OF First Middle 4. DATE Month Year DECEASED ET.VA GRACE MIDDLEKAUFF (Type or print) DEATH April 59 19 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH AGE (in years completely lost birthdoy) Months Female White November 14, 1866 DIVORCED T WIDOWED | 92 yrs 10a USUAL OCCUPATION (G've kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Dept. Store U.S.A. Hagerstown, Maryland bookeeper 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Joseph A. Middlekauff Mary E. ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 214-14-6676Ak LeRoy Heard Hagerstown, Maryland no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Jan-Q DUE TO ۵ any Conditions, if ony, which gove rise to immediate be DUE TO couse (a), stating the underlying couse lost. buriof-transit has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES - NO V 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED [Enter noture of injury in Port I or Port II of item 18.) certificate 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) 0. m While Not while of work C of work 21. I certify that I attended the deceased fram\_ Morrales. 19 S. to april 13, 1959, that I last saw the deceased ochild and that death accurred at 300A/M, from the causes and on the date stated above. å ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL HENCE FOR DIR Id b FÚNERAL DIR loge 3 should l he registrar pri PHYSICIAN'S Hagerstown, Maryland Ernest F. Poole M. D. NAME (Type) 220. BURIAL, CREMAT ON, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) poge (Stote) REMOVAL (Specify) Rose Hill Cemetery Hagerstown. Maryland o 23 FUNERAL DIRECTOR'S SIGNATURE
Sucer-Rouzer Funeral Heme **ADDRESS** 24o, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) Hagerstown, Md. DATAPR 1 6 '59 Ciriling & Krons 15M 10/57 they there from



Æ .	CERTIFICATE OF DEATH  4858  CERTIFICATE OF DEATH  Reg. Dist. No.
PB ***	1. PLACE OF DEATH  o. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY  VIAIR LAND  WESTINGTON
Z pe E	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
182 CS1	d NAME OF HOSPITAL (If not in hospital, give street oddress)  OR HASTITUTION  ON A FAPM?  VESTIMATION  ON A FAPM?  VESTIM
no L sa	3. NAME OF DECEASED.   Middle Lost 4. DATE Month Day Year
Poge	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED   B DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HR  Iost birthday)  Months Days Hours Min.
papers eath,	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNT (COUNTRY IN BIRTHPLACE (State or foreign country))
carbon after d	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
Zhaurs	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT  Address  If you, give wor or doftes of service)
within 7	18. CAUSE OF DEATH [Enter only one couse per line for [o], [b], and [c].]  PART I. DEATH WAS CAUSED BY: (1 + T + 1 + 1)  PART I. DEATH WAS CAUSED BY: (1 + T + 1 + 1)
event.	BUETO- BOLLON DELINAL MENT D
in any	Conditions, if ony, which gave rise to immediate couse (a), stating the under-
ol, and	PART HOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
remay	YES TO CONTRIBUTIONS DIRECTOR [ 206. DESCRIBE HOW MIJURY OCCURRED. (Enter noture of injury in Port II of item 18.)
e os the	UP ETHER, NOTIFY MEDICAL EXAMINER)  Soc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (State
cremo	Hour o. m  19   While of work   factory, street, office bidg., etc.)    21. I certify that I attended the deceased from   19 / 19 / 19 / 19 / 19 / 19 / 19 / 19
a burial	alive an ADDRESS (Street, city or lown, stote)  DATE SIGN
prior to	SIGNATURE Arbrey hoverster M.D Dukostoron M.J. 4-2)
d shou	PHYSICIAN'S SIDINEY NOVE TO SELLY  220. BURIAL CREMATION 1220 DATE THEREOF 1220 NAME OF CHEMITERY OF CREMATORY 1231 (OCATION (Ch. 1))
Pogs the re	DURIAL APRIL -24.1959 BOONSBOKO CEMETERY BOONSBORO WASH, Co.MD.
(4) /57	23. FUNERAL DIRECTOR'S SIGNATURE  APR 2 4 59  CALLING & HOLLE



VS A1S (4) 1SM 9/55

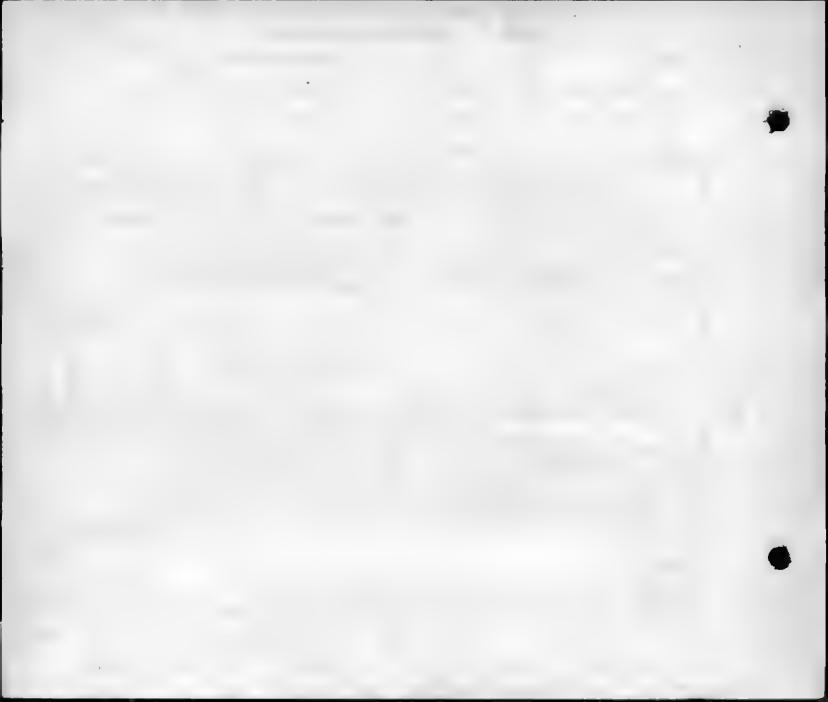
ARYLAND	STATE DEPARTMENT	OF	HEALTH-	-BAL	TIMORE,	18
4898	CERTIFICATE	OF	DEATH			

M

**CERTIFICATE OF DEATH** 

04863

		Reç	g. Dist. No.
1. PLACE OF DEATH o. COUNTY	2 USUAL RESIDENCE (V	Where deceased lived. If institutions Re	esidence before admission)
WASHINGTON	MARYLAND WIAKUL	4 ND	VASHINGTON
b. CITY OR TOWN (If outside corporate limits, write LENGTH		f outside corporate limits, write RURAL	and give nearest fown)
1 / / -	E X BOOM	SBORO	
d, NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
South MAIN ST.	SAUTH M	AIN ST.	YES NO 🟋
3. NAME OF First DECEASED	Middle Lost	4. DATE Month	Day Year
(Type or print) PEARL AC	NES MORGAN	DEATH APRIL -	5- 1959
5. SEX 6. COLOR OR RACE 7 MARRIED NEV	ER MARRIED B DATE OF BIRTH		NOER 1 YEAR IF UNDER 24 HRS
TEMALE WHITE WIDOWED TO	DIVORCED D SEPT-7-19	877 Sorthoday) Mon	oths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUduring most of working life, even if retired)	USINESS OR INDUSTRY IT BIRTHPLACE (SIO	ite or foreign country) 12	2. CITIZEN OF WHAT COUNTRY
HOUSE WIFE DWN	HOME 2_ITTLES	STOWN WASHICO	- MID. USA
13. FATHER'S NAME	14 MOTHER'S MAIDEN	NAME	
LEWIS JONES	MARY	KAUFFMAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	URITY NO 17. INFORMANT	Address	
NO NONE	SOHN FID	MARCAN BOOM	SBORD MD
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b)	). ond (c).)	11 1 -	INTERVAL BETWEEN ONSET_AND DEATH
PART F. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	unolization	14 tolid	2-163
4-20.0 DUE TO	·		
Conditions, if ony, which ) (b)			
gove rise to immediate Couse (a), stating the under			
lying couse lost. (c)			
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY PERFORMED?
2			YES NO
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED, (Enter nature of injury i	in Part I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCL. Hour o. m. p. m. 19 of work of work	URRED 20e. PLACE OF INJURY (Home, for	orm, 20f (City or town)	(County) (State)
Hour o. m. While Not will p. m. 19 of work of work		HC.)	
21. I certify that I attended the deceased from	77/1/2 1914, to	France / 5 1957, the	at I last saw the deceased
1 1	and that death accurred at 5136	10)	
B. C. C.	The men death decented dispersion	ADDRESS (Street, city or town, stote)	
SIGNATURE THE LIVE AT		toxiglizi.	1/6/57
PHYSICIAN'S G. W. Lebun			12-12/
	E OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or cou	onty) (Stote)
BURIEL APR. 8-1959 BOO	NSBORD CEMETIERY	BOONSBORD WI	ASH, CONID.
23 FUNERAL DIRECTOR'S SIGNATURE APPRI	E5S 24o. NE	EC'D BY REGISTRAR 245. REGISTRAR	'S SIGNATURE
John M. 18 mat 12	JOZISINO MO DATEA	PR 1 6 '59 Outly	9 46



# be filed with .

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the duath certificate be executed within 24 haurs after death: Pagm #

R: After this certificate has been signed by the attending physician and campletely filled in by the backed for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 structural, cremation, at removal, and in any event within 72 hours after death.

TO FUNERAL DIRE
page 3 shauld be
the registrar prior to

VS A15 (4) 15M 10/57

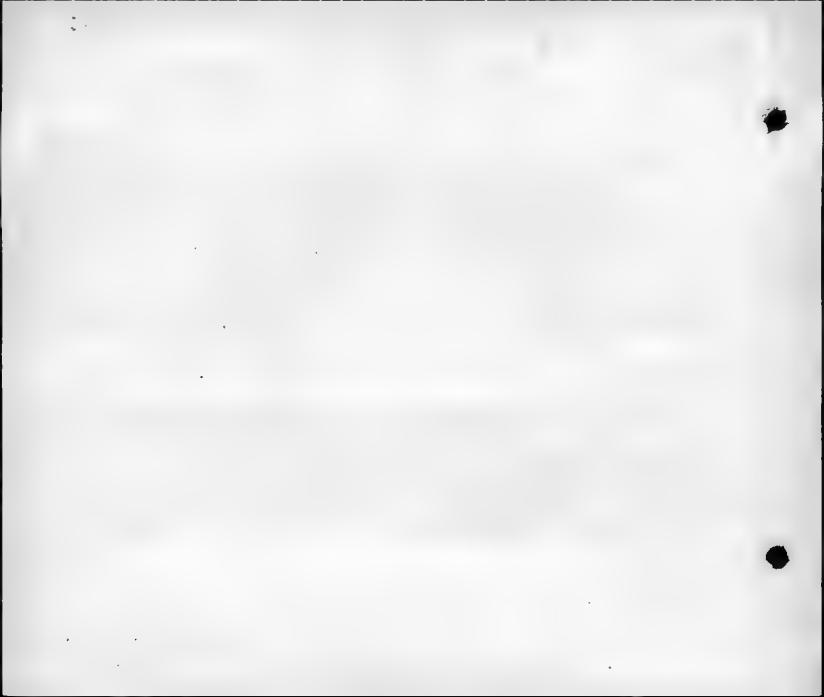
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

4859

()4804 Reg. Dist. No. 302

	2000			Reg.	Dist. No.
	1, PLACE OF DEATH 0. COUNTY		2. USUAL RESIDENCE (Wh	ere deceased lived. It institution Resid	dence before admission)
1	Washington ·	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Penna	Full ton	
	<ul> <li>b. CITY OR TOWN (If outside corporate limits, write RURAL god give nearest town)</li> </ul>	c. LENGTH OF STAY IN 16		utside corporate limits, write RURAL on	d give nearest town)
	Hagerstown	3 Mos	Needmo	re // /.	_ J V
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	'	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Lartin Lanor Nursing	Home	=		YES NO
	3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Doy Year
	(Type or print) OLIVE	PEARL M	OUSE	OF DEATH April	4 1959 19
	5 SEX 6. COLOR OR RACE 7 MARI	RIED NEVER MARRIED	B DATE OF BIRTH		ER 1 YEAR IF UNDER 24 HRS
	Female White widow	ED DIVORCED	August 20 1	889 69 pri Month	Doys Hours Min
	10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)		STRY 11. BIRTHPLACE (Stote	or foreign country) 12. (	CITIZEN OF WHAT COUNTRY
	Housewife	Own Home	Fulton C	ounty Pa,	USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
	William Vantz		Sallie	Shaw	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17. II	NFORMANT	Address	
	No    2:			use 801 Rollin	g Road
	18 CAUSE OF DEATH [Enter only one couse per ji	ne for (o), (b), ond (c).]	Hagersto	W. 173.	INTERVAL BETWEEN ONSEL AND PLATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	alen	12 hrs		
V	420.0 DUE TO	10000			
	Conditions, if any, which	Mayer e	Color He	of Wiser	100
/	gave rise to immediate DUETO				V
	lying couse lost.				
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN P	ART 1(o) 19. WAS AUTOPSY PERFORMED?
ì	3				YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS S  20g. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in P	ort t or Port II of item 18.]	•
	20c. TIME OF INJURY Month, Day, Year 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f (City or town)	(County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. II Hour o. m. 19 While of wor	1401 WILLIE	ctory, street, office bldg., etc.		
	21. I certify that I oftended the deceas	197./	10 9 10 4	1/4 105/11	1.1
	alive on	5 9	3,00	V : /	I last saw the deceased
	GIIVE OIL	, and that death		L.M. fram the causes'and on NDDRESS (Street, city or town, state)	the date stated above
	ACTUAL	Born		town, city of lown, stoley	4/1/10
	SIGNATURE	A	M.D		
	PHYSICIAN'S D. J. Boyer 1	35 Yo Potons	ac St		
	220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, or county	r) (Stote)
	Burial 4/7/59	Rose Hill	Cemetery I	lagerstown Wash	. Co Md.
	23. FUNERAL DIRECTOR'S SIGNATURE	ADORESS	24a. REC'E	BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE
	Andrew K. Coffman Ha	gerstown /Mo	L. DATE AL	PR 8 159 arithmy	S. Thank



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 1 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND MARYLAND WASHINGTON WASHINGTON b CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b RURAL and give nearest town) 3 VEARS HAGEIZSTO WIN HAGERSTONN d d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS U OR INSTITUTION 2 ENNSVLVANIA 3. NAME OF First 4. DATÉ Middle Lost Month DECEASED DEATH (Type or print) LEMMIE PRIL MULLENDOR 9. AGE (In years lost birthday) 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months DIVORCED [ WIDOWED 📆 TEMALE 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) BOOMSBORD WASH, Cd. MD. 415 A HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME STEVENS N H 012 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT PENN AVE. (If yes, gave war or dates of service) ottending NONE HAGERSTOWN MD ٧٥. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) á m. Conditions, if ony, which Bued gove rise to immediate DUE TO pe couse (a), stoting the unders been sig lying couse last. 75 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY eval. burio 206. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20f. (City or town) foctory, street, office bldg., etc.) Hour o. m. While Not while ot work at work p. m. 21. I certify that I attended the deceased from \_\_\_.that 1 last saw the deceased and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street, ACTUAL SIGNATURE DIREC P should registrar PHYSICIAN'S NAME (Type) 3 220 BURIAL CREMATION. 22d. LOCATION (City, lown, or county) 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ISIN IET IERV 0 24g. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE APR 1 6 '59

04865

Day

a. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES INO V

(Stote)

NASH CO.MO

(Stote)

(County)

ON A FARM?

YES NO N

Yeor

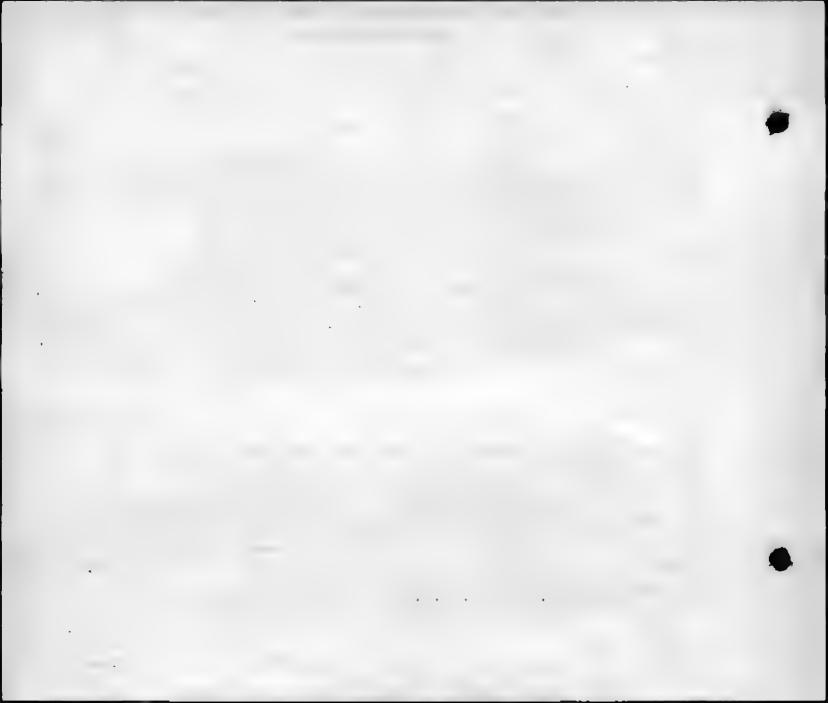
19 579

VS A15 (4) 15M 10/57



ofter death, Page

requires that the



04867 CERTIFICATE OF DEATH 4862 Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) "Washington 6. COUNTY Washington °Marvland MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Hagerstown davs Hagerstown. d. NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION
Garlock Memorial Convalescent d STREET ADDRESS . IS RESIDENCE ON A FARM? / 1082 Marshall Street YES NO Hospital NAME OF 4. DATE April DECEASED Nogle OF DEATH Bert1e Roseanna (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9, AGE [In years IF UNDER I YEAR IF UNDER 24 HRS los bythday) Months Female White Davi August 13. WIDOWED XX DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
HOUSEWII 0 Own Home FrederickCounty. Md. U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Lucrettia Staley Samuel Six 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 1082 Marshall S Hagerstown, Md. Mrs. Bessie Carbaugh Wone 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:

1MMEDIATE CAUSE [a] Intraabdominal & vertebral metastastes months years Carcinoma of sigmoid months Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) IP, WAS AUTOPSY PERFORMED? . Arterosclerotic & hypertensive cardiovascular disease YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f. [City or town] Doy, Year (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work MAPRIL 22 21. I certify that I attended the deceased from August ...that I last saw the deceased April \_\_\_\_, and that death accurred at 5:50a,M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 100 Professional Arts Bldg... Hagerstown, Maryland PHYSICIAN'S NAME (Type) Layman, M. D., 220. BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BIREMOVAL TSpecify) -26-59 Blue Ridge Cemetery Thurmont, Maryland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Thurmort, Md. Baymond E/ APR 2 8 '59 Criting & Kross

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director

€

completely popers. Pog

on and

physicion

þ

FUNERAL DI

0

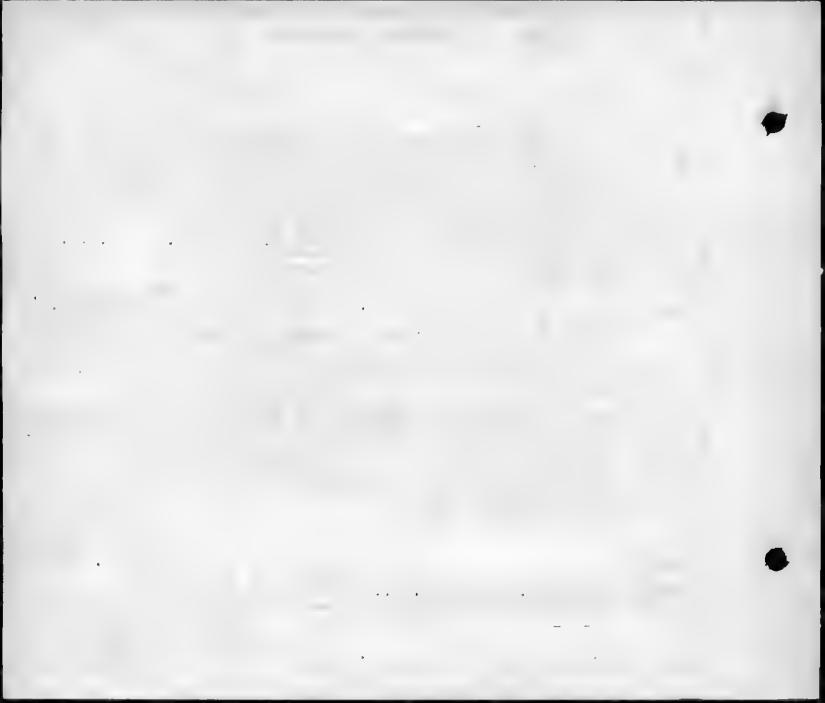
VS A15 (4) 15M 9/55

ony

2 hours

death.

filed



## FOR STATE HEALTH DEPT.

r files. Health. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Roges 1, 2, and 3 to the funeral director. Page 4 should be for each for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to filles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bode, of Health, at its designated agent, prior to burial, cremation, at remayal, and in any event within 72 hours after death.

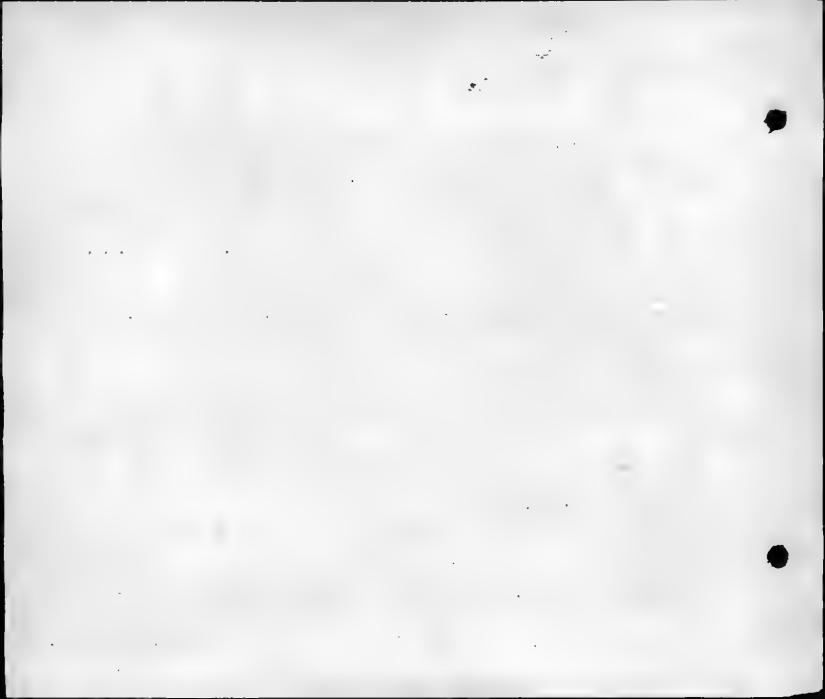
M

VS. A15ME 5M 2757

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4897 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04868 Reg. Dist. No.

-											
1. PLACE OF DEATH	ashington		MARYL	AND	2. USUAL RESIDEN	ce (Where		If institute b COUNTY		before	
b. CiTY OR TOWN (	c. CITY OR TOWN (If outside corporate limits, write RURAL and give secrest lown)										
Rural					X R # 5	Hag	gerstow	n			
	the burg, Mai		pital, give street address		d STREET ADDR	FSS F5					IS RESID'NI E ON A FARM? ES NO 🕄
3. NAME OF DECEASED (Type or print)	Merle	AT THE REAL PROPERTY.	Middle Edward		Overcast	4. D/	F	Month April		Doy	Year 19 59
5. SEX		7 14 4 BB:F	D NEVER MARRIED			1 1 2		4	19 FUNDER TY	EAD IS	UNDER 24 HES
Malc	White	WIDOWED	DIVORCED E	9 :	10/4/1914		lost b	44 4 4	Months Do	-	ours Min.
10a. USUAL OCCUPATI	ON (Give kind of working life, even if retired)	dane 10b. K	IND OF BUSINESS OR II	NOUSTRY	11 BIRTHPLACE	State or for	reign country)		12 CITIZE	N OF W	HAT COUNTRY?
Stone Ma					Rouzer	ville	Pa.		U.S	.A.	
13. FATHER'S NAME					4. MOTHER'S MALE						
George	Overcash				Cathe	rine H	Rowe				
	/ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17 INF	ORMANT	. ,		Address			
Yes	World War		8-01-8826	T	van Overc	ash. (	Chamber	shurg	Ра	#5	
	LTH [Enter only one cau							b	1	INTERVAL	BETWEEN
PART I, DEA	TH WAS CAUSED BY:		Carbon Mo	noxi	de poisor	ning				Out 1) the	ND DEATH
973.1	DUE TO	And		of the second se			· · · · · · · · · · · · · · · · · · ·				
Conditions, if any, which } (b)											
	gove rise to immediate cause (o), stating the underlying DUE TO										
cause last.	(c)	L									_
PART II. OT	HER SIGNIFICANT CON	bitions co	NTRIBUTING TO DEATH	BUT NO	T RELATED TO THE	TERMINALD	DISEASE CONE	NTION GIVE	N IN PART 1	(a) 19. Y	WAS AUTOPSY PERFORMED?
<u> </u>	1									YES	NO 🔼
PART II. OT	ONTRIBUTING		. How INJURY occur! lected exhal								
20c. TIME OF INJU	JRY Month, Day, Yes	or 20d. II	NJURY OCCURRED 20	PLACE factor	OF INJURY (Hame	, form,   20	f. (City or law	n)	(Count)	r)	(State)
₹ p. m.	Apr. 1919	29 of wo	rk at wark		ervoir pi		cy Ru	ral Sm	nithsbu	urg	Wash Md
21. I certify t	hot I took charge	of the r	emoins described	obov	e, held on Au	lopsy 🗌	, Inspect	ion 😿,	Inquiry		and in my
opinion deoth			ouses [], Accid	1000	), Suicide 🔀	, Hom	icide [],	Undeter	mined ma	nner	
ACTUAL SIGNATURE	ACTUAL SIGNATURE SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER									D	ATE SIGNED
EXAMINER'S NAME (Type)	1	S. Rob	ert Wells, M	ID.	ASSISTANT M DEPUTY MED				4-	22-5	9
220. BURIAL, CREMATI REMOVAL (Specify	ON. 226 DATE THEREC	OF	22c. NAME OF CEMETE	RY OR C	REMATORY		LOCATION (C	**			(State)
Burial 23. FUNERAL DIRECTO	R'S SIGNATURE	9	Harbaugh	5		REC'D BY	nithsbu	TAB. REGIST	Fran	klin ATURE	Pa.
Malter	2/ 2/-1-1	E 66	ic Incolor	100	Ta DAT	APR 27	7 '59	Cirth	4 2 th	····	



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 486 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04869

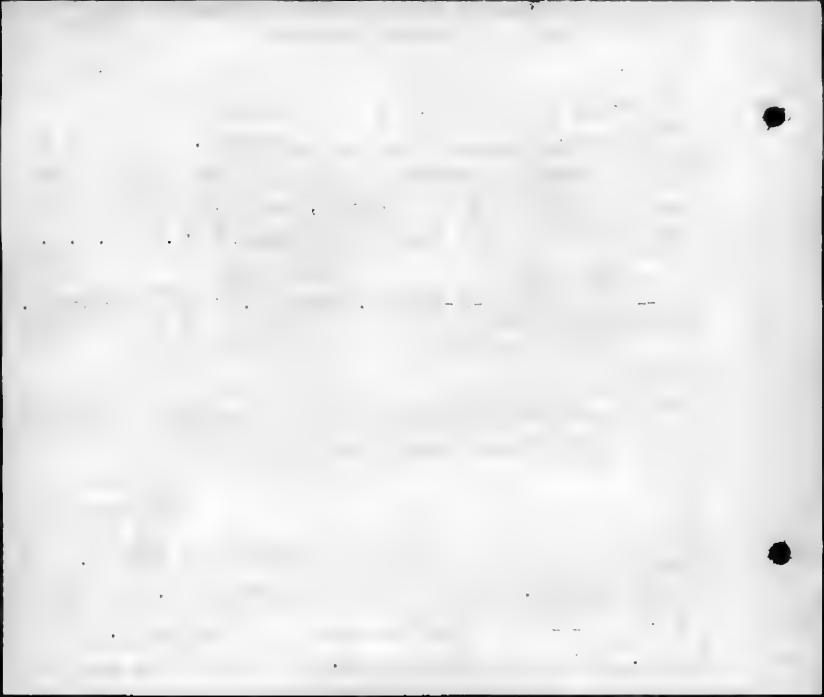
Reg. Dist. No.

1	d. COUNTY Washington	MARYLAND	o. STATE Maryland b. COUNTYWashington								
ľ	CITY OR TOWN (If outside corporate limits, write RURAL and give negret lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)								
1	agerstown Md.	12 yrs.	Hagersto	own Md.							
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	itol, give street oddress)	d. STREET ADDRESS		o. 15 RESIDENCE ON A FARM?						
L	Foundry St.		46 S. Mul	Lberry Street	YES NO						
	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year						
L	(Type or print) John	OF DEATH April	29 19 59								
- [	5. SEX 6. COLOR OR RACE 7. MARRIES	DER TYEAR IF UNDER 24 HRS									
	Male White WIDOWED	DIVORCED [	Nov. 7 1891	L 67 yrs. Mgalh:	21 Hours Min.						
1	On USUAL OCCUPATION (Give kind of work done 10b. Kilduring most of working tire, even if retired)	ND OF BUSINESS OR INDUSTR			CITIZEN OF WHAT COUNTRY?						
		ilding tractor	Maryland	1.	U.S.A						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N								
	John L. Rhodes		Mary Eliz	zabeth Godsard							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S		FORMANT	Address							
	(If yes, also wor or dates of service) NO NO	.6 05 6289Mr	. Clinton F	Rhodes William	sport Md.						
F	18. CAUSE OF DEATH [Enter only one cause per line for [a], (b), and (c).]  INTERVAL BET ONSET AND I										
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)										
1	1' 2' . / DUE TO	Acute corona	ry thrombosi	8							
	Conditions, if eny, which) [6]										
1	gave rise to immediate couse [o], stoting the underlying DUE TO										
	couse lost. (c)										
	PART II. OTHER SIGNIFICANT CONDITIONS COM	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NALDISEASE CONDITION GIVEN IN F	'ART 1(a) 19. WAS AUTOPSY PERFORMED?						
	None				YES NO						
	PART H. OTHER SIGNIFICANT CONDITIONS CON  None  20g EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	HOW INJURY OCCURRED. (En	ter noture of injury in Part	I or Port II of item 18.)							
			E OF INJURY (Home, farm,	20f (City or town)	County) (State)						
	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. none 19 While at worl	Not while factor	ry, street, office bldg , etc.)		•						
1	21. I certify that I taak charge of the re	empins described abov	e, held an Autapsy	, Inspection V, Inq	uiry , and find that						
1	death resulted from: Natural causes	, Accident ], Suic	ide [], Hamicide	, Undetermined cause	n.						
	DD 12 4	12-00	_	_							
	SIGNATURE . Total	Dello	M.D. CHIEF MEDICAL EXA	AMINER []	DATE SIGNED						
		Wells, M.D.	ASSISTANT MEDICA	_	5-1-59						
-	NAME (Type)  20 BURIAL, CREMATION, 22b. DATE THEREOF	72c. NAME OF CEMETERY OR C	DEPUTY MEDICAL E								
ľ	The DEALGRANGE That	Riverview Ce		Williamsport							
2	3 FOTO RALDIRECTOR'S SIGNATURE / 7 7	ADDRESS	1570 240. REC'D	BY REGISTRAR 245. REGISTRAR'S	SIGNATURE						
	Collect & Xeef W.	elleanger	g//CE DATEMAY	1 4 159   Chillian a	1. Though						
1											

VS. A15ME(5) 5M 9/55



04870 4864 **CERTIFICATE OF DEATH** Reg. Dist. No. director 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH · couWashington Maryland b. COUNTY Washington MARYLAND death. PLO b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) å RUPAL and give nearest town) Hagerstown vears d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSULUTION
213 Summer St STREET ADDRESS e. IS RESIDENCE ON A FARM? 213 Summer St. YES NO. NAME OF Middle 4. DATE Last Month Year Day DECEASED OF DEATH Rice 1059 Fannie Roseanna (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH S. SEX last birthday) Months Doys White 1884 Female DIVORCED | WIDOWED A 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? HOUSE If e Near Winchester S. A. Own Home a. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Bailey James M Lamp 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Hag erstown Md. Mrs. Margaret L. Wiles 214-09-2583 edse INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH Their pl PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) event **DUE TO** permit in our Conditions, if any, which (b) gned gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g): 19. WAS AUTOPSY PERFORMED? YES NO 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Day. Year 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Nat while at work ot work 21. I certify that I attended the deceased from 195 Z. that I last saw the deceased and that death accurred at M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATUR DIRE TO FUNERAL DIS page 3 should PHYSICIAN'S NAME (Type) Robert P. Conrad Hagerstown Md. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Rose Hill Cemetery Ha gerstown 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE APR 8 Minnich & Son Hag erstown arthur & thous VS A15 (4) 15M 9/55



## death. Page |

D HOSPITAL OK IT TAYOUTO THE STATE OF THE ALEMAN AND THE ALEMAN AND THE ALEMAN AND COMPLETELY FILLED IN BY FACTORING THE ALEMAN OF THE THIS CONTINUE AND T INDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs af

may be retained TO FUNERAL DIR TO HOSPITAL OF

VS A15 (4) 15M 9/58

1

Y.

X

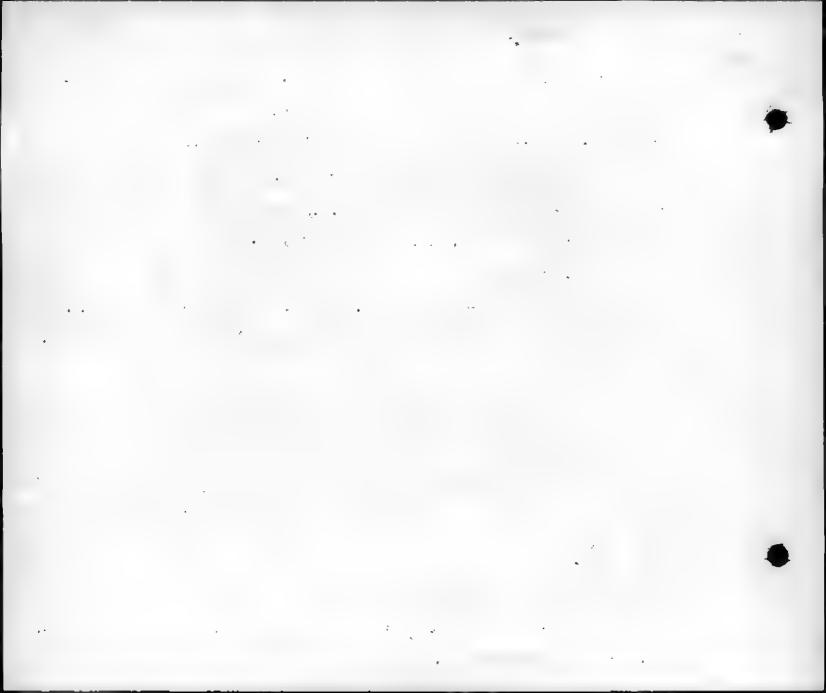
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4865

#### **CERTIFICATE OF DEATH**

04871

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	ashington	MARYLAND	2 USUAL RESIDENCE (V a. STATE Md.	Vhere deceased live	ed. If instituti b. COUNTY	on Residence before	
b. CITY OR TOWN ( RURAL and give in Hagers		58 yrs	C. CITY OR TOWN (IF	·	limits, write R	URAL and give nea	rest town)
d. NAME OF HOSPI OR INSTITUTION 110 RO	TAL (If not in hospital, give street essner Ave.,	oddress)	d STREET ADDRESS	essner Av	e.,		IS RESIDENCE ON A FARM? YES NO
3 NAME OF	First	Middle	Last	4. DATE	Mon	ith Doy	Year
(Type or print)	lames	B I	Rickard Sr.	OF DEATH	4	6	19 59
5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	9. /	GE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
male	white wipow		Oct. 1, 188		ost birthday} •7.4i yrs	Months Days	Haurs Min
100. USUAL OCCUPATE	ON (Give kind of work done 10b.					12 CITIZEN OF	WHAT COUNTRY?
1 6	king life, even if retired)	Dann D D	Luray,	Va.		us	Δ
retired co	onductor 1	Penn. R.R.	14. MOTHER'S MAIDEN			- 00	
Tou	na A Dánland		n-h-				
15. WAS DECEASED EVE	nes A. Rickard RIN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 1	MEDE INFORMANT	cca Judd	Add	ress	
(Yes, np, or unknown)	(If yes, give war or dates of service)			m ! 1 2			
no			rs. Grace L.	Rickard	Hag	erstown,	RVAL BETWEEN
	ATH [Enter only one couse per li ATH WAS CAUSED BY. IMMEDIATE CAUSE (g)	orkough	1 There	u Ba	niv		EX AND DEATH
4:0.1	DUE TO		V VOI				
Canditions, if a	iny, which ) (b)		//				r
gave rise to i	mmediate (						
couse (a), stating lying cause last.	the under-	`	<b>V</b>				,
	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL D SEASE CO	NDITION GIV	VEN IN PART I(a) I	P WAS AUTOPSY PERFORMED? YES NO
20n ACCIDENT W	AS UNDERLYING 206. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of insury in	a Port I or Part II s	of atoms 18.)		TE LI NO LI
	F CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (cines noite or signific	i rui roi rui ii c			
20c. TIME OF INJUI			ACE OF INJURY (Home, for		tawn)	(County)	(State)
20c. TIME OF INJUI	While of wor	NOT WHITE	and an	1//	_		
21 I certify th	nat Voltended the deceas	ed from 4/	1-4 10 to	11/1.	1-16	that I last saw	the deceased
alive an	4/1.154 10	170-7-	adcurred at 1/3	161. 7			
dive dit	4 6 4 6	, dila filal deali	docorred di.7.	ATDRESS (Street	city or town.	state)	DATE SHENED
ACTUAL (	Challet a	111 0/	1 - 1/2	1.00	L. X	· le al	41-10
SIGNATURE	THE THE	Wit V	M.D. College	- Huy fa	PLA	MA	4 / 187
PHYSICIAN'S NAME (Type)							( ' / /
	ON, 26 DATE THIREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. NOSATION	{ (City, town,	ar county)	(Stole)
BEMOVAL (Specify)	4-9-59	Rest Haven		Hage	rstown		Md.
23. FUNERAL DIRECTOR		ADDRESS		C'D BY REGISTRAR		STRAR'S SIGNATUR	RE
Fred W. Kra	aiss Hagersto	wn. Md.	DATE	APR 9 '59	C	wither & the	



	CERTIFICATE OF DEATH	1 1487
866	CERTIFICATE OF DEATH	Reg. Dist. No.

	2000		Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2 USUAL RESIDENCE (Where deceased lived of institution Residence before admission) b COUNTY Washington
	<li>b. CITY OR TOWN (If ausside carporate limits, write RURAL and give neares) town)</li>	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	Hagerstown Md.	10 yrs.	Hagerstown Md.
1	d. NAME OF HOSPITAL (If not in haspital, give street of	address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	Washington County Hosp	ital	328 S. Cleveland Ave.
	3. NAME OF DECEASED (Type or print) Arni e	Middle	Shipley  4. DATE Month Doy Year Shipley  April 12 19 59
	5. SEX 6 COLOR OR RACE 7. MARRI WIDOWE		B. DATE OF BIRTH  9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Nov. 5 1885  9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Months   Days   Haurs   Min
	10a USUAL OCCUPATION (Give kind of work dane 10b.	KIND OF BUSINESS OR INDUS	
	Housewile I	Home	Downsville Md. U. S. A
	13. FATHER'S NAME	_	14. MOTHER'S MAIDEN NAME
	Levi Cline		Martha Detrow
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) 1 (If yes, give wor or dates of service)		NFORMANT 116 W. Potomac St.
		None Pr	s. George Lizer Williamsport Md.
	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Canditions, if any, which gove rise to immediate  (b)	e for )o), (b) and (c) }	Lasou Rosio Pari IND DETH
1	couse (a), stating the <u>under-</u>   DUE TO     lying couse last. (c)		
	CCATIC	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO [
· Co		RIBE HOW INJURY OCCURRED	D. {Enter nature of injury in Part I ar Part It of item 18 }
	Hour a.m. While	NURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City ar town) (County) (State) ctary, street, affice bldg., etc.)
	21. I certify that I attended the decease	ed fram 4110	7, 19, ta
	alive an	, and that death	accurred at////////////////////////////////////
,	ACTUAL SIGNATURE A MATERIAL MA	Bury q	MO CES SKI VEN JOSOTHO 4/13/59
1	PHYSICIÁN'S NAME (Type)		
	220. BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY O	7 a _ V
	Burla April 15-59	Greenlawn	Cemetery Williamsport Md.
	23 NUMERAL DIRECTOR'S SIGNIQUED A COLOR	learningert o	24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 1 6 '59 Colling & A



ON A FARM

Year

19 59

Min.

NO Z

(Stole)

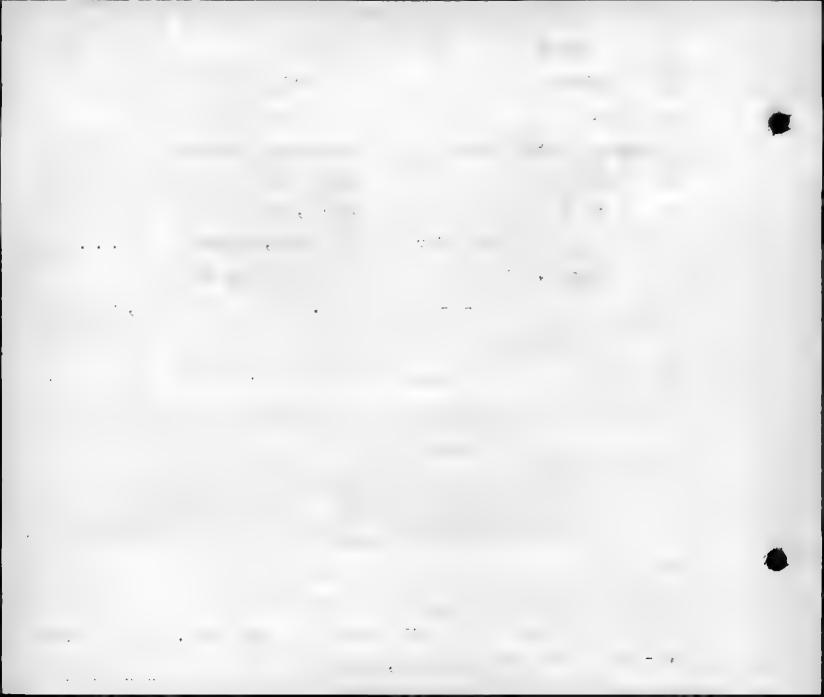
Md.

(Stole)

5M 2757



	MARYLAND	STATE DEPARTM	ENT OF HEALTH	I—BALTIMORE, 1	В
	4868	CERTIFICA	ATE OF DEATH	1	04874 Reg. Dist. No. 302
	1. PLACE OF DEATH  o. COUNTY  Washington	MARYLAND	2 USUAL RESIDENCE (WHO o. STATE Maryla	ere deceased lived If institution b. COUNTY	n. Residence before admission)  Washington
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o	utside corparate limits, write RU	RAL and give nearest town)
	Hagerstown	21 days	ن Hage	rstown	
,	d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION	oddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Washington County Hosp	ital	401 Pangbo	rn Boulevard	YES NO
	3 NAME OF FIRST	Middle	Lost	4. DATE Monti	/
	(Type or print) HARRY	LK.	SLICK	DEATH April	
	5. SEX 6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH	lost hirthdeni	Months Days Hours Min
	male white widowi		October 4, 18		
6.	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Butcher  Me	at Packer		or foreign country)  1. Maryland	U.S.A.
	13 FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	William H. Slick		Emma Fl	lorence Stouffe	r
	15, WAS DECEASED EVER IN U S, ARMED FORCES? 16. (Yes. no. or unknown) (If yes, give war or dates of service)		NFORMANT	Addre	
	no   1	.76-05-2599 F	Robert K. Slic	k Hagerst	own, Maryland
ļ	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e for (0), (b), and (1), 1' Elm Hem	orkeas		INTERVAL BETWEEN ONSET, AND DEATH 21 days
	Conditions, if ony, which	1 nostourine (	and Var	ula Desono	10 m
	gove rise to immediate couse (a), stating the under-	good war	2007000	1000	7071
	, (2)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMS	NAL DISEASE CONDITION GIVE	N IN PART NOV 19 WAS AUTOPSY
en.	PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CHARLES OF CONTRIBUTING CAUSE OF DEATH OF CHARLES OF CONTRIBUTING CAUSE OF DEATH OF CHARLES OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH OF CAUSE				PERFORMED? YES □ NO 🔀
6	200 ACCIDENT WAS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Part II of item 18 )	
	20c. TIME OF INJURY Manth, Day, Year 20d. It Hour e.m. 19 While at world	Not while fac	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	)   201 (City or lown)	(County) (State)
-	21. I certify_that I attended the decease	ed from Youn 199	69, 19 10/	apr 1959	that I lost sow the deceased
	alive on Salar 195	2 and that death	accurred at 57/0/	4 /	nd an the date stated obove.
	st of I			ADDRESS (Street, city or Jown, s	
4	SIGNATURE J. J. MARK	1/	M.D. 0 307/10	wmy IT	1890,59
ı	PHYSICIAN'S F.FLUS BY	<u>/</u>	Hagen	mus My	
	220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY O		22d LOCATION (City, town, or	county) (State)
	Burial 4/19/1959	Rose Hill o		Hagerstown,	Maryland
	23. Funeral director's signature Suter-Rouzer Funeral Home	ADDRESS			TRAR'S SIGNATURE
	1. fegension or my	Hagerstown,	aryland DATE AP	R 2 2 '59   Ch	thuy S. Frank



VS A15 (4) 15M 9/55

MARYLAND S	STATE [	PEPARTMENT	OF HE	ALTH-I	BALTIMORE,	18
------------	---------	------------	-------	--------	------------	----

4869 CERTIFICATE OF DEATH

04876

	37	-0.		-	1
Reg.	Di	57.	No		
D .					=

b. COUNTY  MARYLAND  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  HAGE ISSTOWN  SDAYS  D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  SDAYS  A. STREET ADDRESS  D. COUNTY  WHASHINGTON  ON A FARM  ON A FARM  NASHINGTON  SMITHS BUIRG.  MONTH  Day Year  OF DECEASED  (Type or print)  TEIS 2 Y  MARRIED NEVER MARRIED 8. DATE OF BIRTH  APRIL 7 195  SSEX  G. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH  MIDOWED DIVORCED APRIL 2 1959  MARKED 1 1959  MONTH  P. AGE (In years If UNDER 1 YEAR IF UNDER 24 Months)  MONTHS Days Hours Min  MIDOWED DIVORCED APRIL 2 1959
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) HAGE IZSTOWN  J. NAME OF HOSPITAL (If not an hospital, give street address) OR INSTITUTION WASHINGTON COUNTY HOSPITAL  J. STREET ADDRESS  J. STREET AD
HAGEISTOWN  SDAYS  d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION WASHINGTON  COUNTY HOSPITAL  SMITHS BUIZG, MD R.   SRESIDENC ON A FARM YES   NO  3. NAME OF DECEASED (Type or print)  First  Middle  Lost  4. DATE OF DECEASED (Type or print)  FIRST  MARRIED   NEVER MARRIED   8. DATE OF BIRTH  9. AGE (In years   If UNDER 1 YEAR IF UNDER 24 H lost birthday)  Months Days Hours Mi
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION WASHINGTON COUNTY HOSPITAL SMITHS 13 (1 12C, MD, R) VES NOT  3. NAME OF DECEASED (Type or print) First Middle Lost 4. DATE OF DECEASED (Type or print) FIRST  4. DATE OF DEATH APRIL 7 195  5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In years   If UNDER 1 YEAR IF UNDER 24 HOURS   Might   Months   Days   Hours   Might   Might   Months   Days   Hours   Might   Months   Days   Hours   Might   Might   Months   Days   Hours   Might   Might   Months   Days   Hours   Might   Mig
OR INSTITUTION  WASHINGTON  COUNTY HOSPITAL  SMITHS 13 (1 12C, MD R 1 YES   NO)  3. NAME of DECEASED (Type or print)  TE (2 2 Y L V N SMITH  SMITH  DEATH  PRIL 7 19 5  5. SEX  6. COLOR OR RACE 7 MARRIED   NEVER MARRIED   8. DATE OF BIRTH  9. AGE (In years   If UNDER 1 YEAR IF UNDER 24 H lost birthday)  Months Days Hours Miles
3. NAME OF DECEASED First Middle Lost 4. DATE Month Day Year OF DEATH APRIL 7 - 19 5  5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   If UNDER 2 YEAR IF UNDER 24 H   lost birthday) Months Days Hours Mi
DECEASED (Type or print)  TE (2 )  L V N SMITH  OF DEATH A PRIL - 7 - 19 5  5. SEX  6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In years   If UNDER 1 YEAR IF UNDER 24 H lost birthday) Months Days Hours Mil
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER ? YEAR IF UNDER ? 4 Hours Miles Days
lost birthdoy) Months Days Hours Mil
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY 11
during most of working life, even if retired)
NOME TAGERSTOWN WASH, GO. IVID. U.S.A.
14. MOTHER'S MAIDEN NAME
THURMAN SMITH CERRY SMITH
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address  [17 os. no ar unknown] [17 yes, give war or dates of senses]
NO I NONE THURMAN DAUTH SMITHSBURG MD. RI
IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  JEWAN DISCASE  Sharp
DOTTION (C)
Conditions, if any, which) (b) (TW) Shelvele
gove rise to immediate couse (a), stating the under-
lying cause last (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOP PERFORMED?
YES DINO!
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOP PERFORMED? YES 200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18) OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not white of work o
While Not white of work of work
21. I certify that I attended the deceased from april 2 . 1957, to april 7 . 1954, that I lost saw the deceased
alive on Lynne 2
ADDRESS [Street, city or town, stole] DATE SIG
LACTUAL A day of land and and and and and and and and and
CONSTINCT IN THE CONTRACTOR OF
SIGNATURE SUCRED M.D. ALSON JUNE 12
SIGNATURE VILLE VOCAL M.D. M.D. MARTINETTE
PHYSICIAN'S S S WEY NO VEN STEIN
SIGNATURE  M.D.  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b DATE THEREOF  REMOVAL (Specify)  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, Iown, or county)  (State)
PHYSICIAN'S NAME (Type) SY FY STE //  220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (State)  PLIZIAL APRIL - 9.1959 FAHRINEY, SCHMETERY MASH. CO. MD
SIGNATURE  PHYSICIAN'S NAME (Type)  220. BURIAL CREMATION, 22b DATE THEREOF  PREMOVAL (Specify)  PURILAC APRILACION (City, Iown, or county)  23c. NAME OF CEMETERY OR CREMATORY  PREMOVAL (Specify)  PURILAC APRILACION (Signature)  23d. LOCATION (City, Iown, or county)  (Stole)  23d. FUNERAL DIRECTOR'S SIGNATURE  24d. REGISTRAR 24b. REGISTRAR 24b. REGISTRAR'S SIGNATURE
PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b DATE THEREOF  PREMOVAL (Specify)  APRIL - 9.19.59  TANKINEYS CREMATORY  22d. LOCATION (City, Iown, or county)  (Stote)  WASH. Co. M.D.  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. cremation please ex 4 shauld l 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY Jacking lose MARYLAND b. CITY OR TOWN (If purieds corporate limits, write-street c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURA), and give nearest town) and give nearest fown? Tanco d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? .23 one YES NO I NAME OF Middle 4. DATE Month Year DECEASED OF DEATH Plan B 1959 (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE [In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Davs Hours Min. WIDOWED | DIVORCED [7] 63 yrs. 160. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 13. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo fraus Ctvila 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give W 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: form IMMEDIATE CAUSE (a) **DUE TO** with 2 Canditions, if any, which pencil long gave rise to immediate cause burial certificate should **DUE TO** (a), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPS 50 PERFORMED? NO Z 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Fort I or Part II of item 18.) PRIMARY | or CONTRIBUTING | **EXAMINER: This** 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) writing the whief Medical factory, street, office bldg., etc.) While Not while O. IT at work at wark p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 2 Inquiry deoth resulted from: Notural couses 4. Accident 1. Suicide . Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER certif SIGNATURE 20 forworded to FUNERAL | DEPUTY cute the NAME (Type) DEPUTY MEDICAL EXAMINER 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OF CH (State) REMOVAL (Specify) 0 രനവ 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME(S) DATE Cirthug & House 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1.070

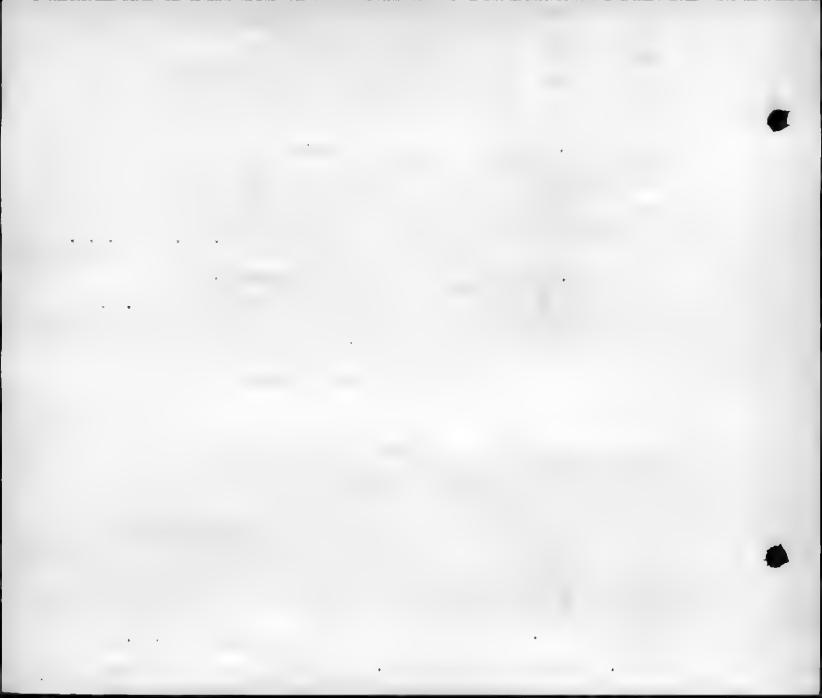
04878

		2010			Reg	. Dist. No. OO.S
	1, 1	PLACE OF DEATH		2. USUAL RESIDENCE (W)	nere deceased lived. If institutions Re-	sidence before admission)
	'	Washington	MARYLAND	a state arylar	id b. COUNTY	ashington
		b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	outside corporate limits, write RURAL	and give nearest town)
		Hagers town	5 Days	Books be	fro Hagentown	
1		d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS	338 S. Locust S	t. IS RESIDENCE
		Washington Co. Hospit	al	Fanney /	reedy//Home	YES X NO
		NAME OF First	Middle	Lost	4. DATE Month	Day Year
	<u></u>	(Type or print) James	Palmer	Spedden		13 159
	5. 5	Mana What to		B. DATE OF BIRTH	9. AGE (In years IF UN last birthday) Mani	IDER 3 YEAR IF UNDER 24 HRS This Doys Hours Min
		Male White WIDOWE		May 14/187	5 83 yrs	
	100	USUAL OCCUPATION (Give kind of work done 10b. I during most an working life even if refired)	Retired	Washing	ton Co. Md.	U.S.A.
	13.	FATHER'S NAME		14 MOTHER'S MAIDEN N	NAME	
		William E. Spedde	n	Ma	nie S. Davis	
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17. I	NFORMANT	Address	
	,,,,,	NO III yes, give are or data of service)		Claude Pot	terfield 415 V	a.Ava
		18 CAUSE OF DEATH [Enter only one couse per lin	ie far (a), (b), and (c).]	D D		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	"Marall	nellini	zuel.	ONSET AND DEATH
-	L,	1147 X DUE TO	1 +-	c 1 1	/	
√		Conditions, if any, which ) (b)	Tallein sol	evolve A	201.21	1 buch
\		gave rise to immediate DUE TO		/		
1		lying cause last. (c)				
	Z Q	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED?
2	CATION					YES NO
	CERTIF	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESC OR CONTRIBUTING ☐ CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II of item 18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. While	- for	ACE OF INJURY (Hame, form clary, street, office bldg, etc.		(County) (State)
	ME	p. m 19 of work	IAOL MILIE	7	7 1	
		21. I certify, that I attended the decease	ed from Azzul	1. 19 7 1 to 1	1 card 13 1954 the	it I last saw the decease
		alive on Angl 13 , 195	2, and that death	accurred at 4.40	M, from the causes and a	
		67/14/1/	,		ADDRESS (Street, city or town, state)	ATE SIGNE
		SIGNATURE ALANA	n	M.D 120-7	mstrzo ku	1/5/5
/		PHYSICIAN'S G. Wikeva	n			Not.
	220	BURIAL, CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town, or cour	nty) (Slote)
		Burial" \$/ 15.59	Rose Hil	1 Cemetery	Hagerstown . M	ld.
	123	PHINEPAL DIRECTOR'S SIGNATURE	ADDRESS	O. DECI	DAY DECISTRAR DAY DECISTRAR	C CICNIATURE

Andrew K. Coffnan Hagerstown, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the page 3 should be a sched for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 she the registrar prior to burial, cremation, ar remavaly and in any event within 72 hours after death. VS A15 (4) 15M 10/57



MARYLAND	STATE DEPARTMENT	OF HEALTH-BALT	IMORE, 18
4871	CERTIFICATE	OF DEATH	

()4879 Reg. Dist. No.

PLACE OF DEATH	70 - h		MARYL	AND	2. USUAL RESID o. STATE	ENCE (Wh	era deceased live	d. If institute b. COUNTY	wash		
	Vashington	ha			altry on T			7. f. B		(4)	
RURAL ond give ne Hagers		is, write	c. LENGTH OF STAY IN	4 16		egers1	utside corporate l town	imits, write K	UKAL ond give	e neorest i	own)
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		d. STREET AL	1-3				e. IS	RESIDENCE
or institution 439 W.	Church St.	,			. 43	9 W.	Church	St.,			N A FARM?
3. NAME OF	Fire	st	Middle		Last		4. DATE	Mon	th	Day	Year
OECEASED (Type or print)	Anna		G		pessard		OF DEATH	4	1	22	19 59
5. SEX	6 COLOR OR RACE	7 MARR	RIED NEVER MARRIED	8.	DATE OF BIRTH		9 At	GE (In years st birthdoy)	Months De		T
female	white	WIDOWI			Sept. 26	-	36	/ Z yrs		bys Ho	
10a. USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLA	CE (Stole	or fareign country	1)	12. CITIZEI	N OF WHA	AT COUNTRY?
	duties		home		Rocky	Rid	ge, Fred	. Co.	Md. U	JSA	
13 FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
Will	liam Gilber	t				Eliza	a Dorsey				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INI	FORMANT			Add	ress		
IND	in you, give win in butter of a		none	Ch	arles H.	Spe	ssard	Hagers	town, 1	٧d.	
18. CAUSE OF DEA	TH {Enter only one ca	use per lii	ne for (o), (b), and (c).	-4	1						BETWEEN
PART I. DEA	TH WAS CAUSED BY.	60	ro hval 1	hr	onhone	4				ONSET	ND DEATH
332 X	IMMEDIATE CAUSE (o	11	A 1	77	-	4					- Villy -
0000	Manual all Adda : Sallana a										
	gove rise to immediate (b) 1000000000000000000000000000000000000										
couse (o), stoting t			0'								
lying couse lost	) (c	)									
PART II OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERM!	NAL DISEASE COL	NDITION GIV	EN IN PART I	(o) 19, W	AS AUTOPSY REORMED?
CAI											□ NO X
PART II OTH	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRISE HOW INJURY OC	CURRED	(Enter noture of	injury in F	Port I or Port II of	item 18 )			
	Y Month, Doy, Yes	or 20d. 11	NJURY OCCURRED 2	Oe PLA	E OF INJURY (H	lome, farm	20f (City or to	ownì	If or	inly)	(Stote)
ZOc. TIME OF INJURY Hour o m.	10	While	Not while		ory, street, office			,	(000	,,,	(0.0.0)
₹ p. m.	19	of wor	k of work/		٠. سر	- 0					
27. I certify th	at attended the	deceas			, 19.2.5	to	2 AM	19.2	that I last	saw the	e deceased
alive an	Clpr	195	, and that a	death (	accurred at	50 A	M, fram the	causes an	d an the c	date sta	ted abave.
1 /2	14-1		•			1 /	ODRESS (Street,	city or town,	stote)	- 1	DATE SIGNED
ACTUAL	I Mu	000	4	M	D 231	711	owne		2-7	ager	59
PHYSICIAN'S NAME (Type)	F.F.Lus	-61/			Ha	gen	Fry 7/4				
220. BURIAL, CREMATIO	N, 22b. DATE THEREC	٦٤ ع	22c. NAME OF CEMET	ERY OR	CREMATORY /		22d. LOCATION	{City, town,	or county)	(	Stote)
REMOVAL (Specify)	4-25-59		Rose Hill				На	gersto	wn		Md.
23 FUNERAL DIRECTOR"	SSIGNATURE		ADDRESS			24a, REC'I	D BY REGISTRAR		STRAR'S SIGN		
Fred W. Kra	aiss Hage	rsto	wn, Md.			DATE AF	PR 2 7 '59	0.	rething of ?	thank.	

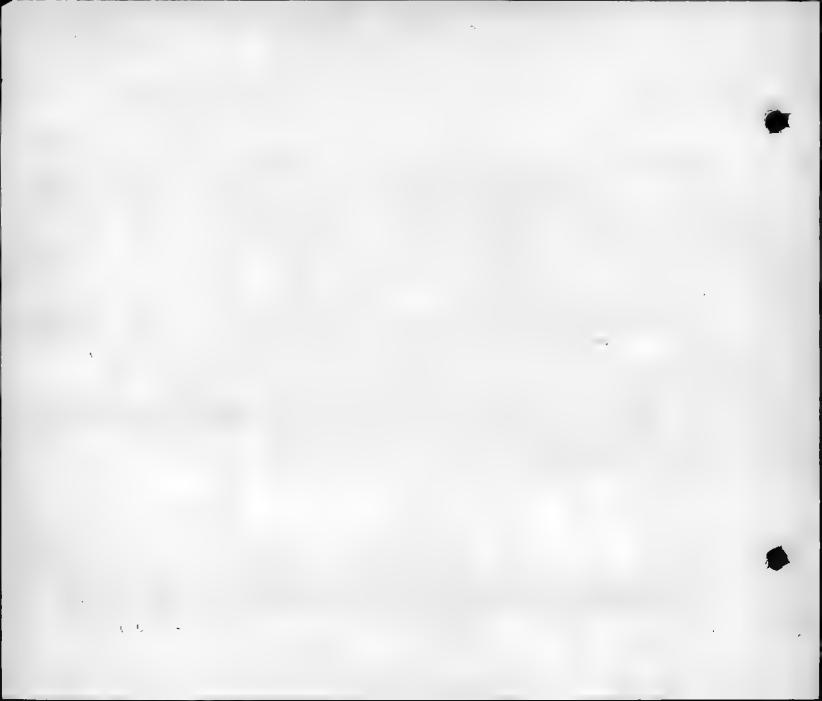






#### **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) TOWN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? OR INSTITUTION WASHINGTON CO HOSPITAL SHIN GTON YES NO NAME OF 4. DATE Middle lost Day Yeor DECEASED (Type or print) DEATH 19-5 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED Y NEVER MARRIED 9. AGE (In years lost birthday) Months Doys House WIDOWED I DIVORCED [ yrs 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY RTHRIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S DHEME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o), **DUE TO** ģ Conditions, if ony, which (b) gave rise to immediate DUE TO cause (a), stating the underpup lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? L L YES 🗍 NO IP 200. ACCIDENT WAS UNDERLYING () OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work 21. I certify that I attended the deceased fram. ...that Clost saw the deceased alive on that death occurred P.M. from the causes and an the date stated above. ATE SIGNED ACTUAL SIGNATURE ō. 70 ā PHYSICIAN'S NAME (Type) 220. BURIAL CROMATION. 22b. DATE THEREO! (Stole) (Specify) 2 23. FUMERAL DIRECTOR'S SIGNAUIRE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE APR 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



uneral director, old be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIT IR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld in loched for use as the burial-transit permit. Then please remove carbon papers. Rages 1 and 2 is the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A1S (4) 15M 9/SS

温

		ou <b>h</b> tersig	ned MARYLA	ND STATE DEPAR	TME	NT OF HEALTH	-BAL	TIMORE, 1		1000
	1	DME Wash.	Co., Md.	Lu O CERTIF	ICAT	E OF DEATH			(	14883
	$\leq$		et well	m O, CLKIII	ICA:	L OI DEATH			Reg. Dist	. No.
		LACE OF DEATH	4873		- 11	USUAL RESIDENCE (Who	ere deceose	d lived If institution b. COUNTY	n Residence	before admission)
			SHINGTON	MARYLA		MARYL			WASH	INGTON
	t	RURAL and give	(If outside corporate limits, w nearest town)		ТЬ	c CITY OR TOWN (If or				re negrest lown)
		A NAME OF HOS	SITAL Of and in bounded own of	80 YRS.	_ / /	d. STREET ADDRESS	CLE	ARSPRING		
1		MARTIN	X	HOME		RT.#1 CL	RARS	PRIMC		o. IS RESIDENCE ON A FARM?
			First	Middle						YES NO 🛛
		NAME OF DECEASED Type or print)	HESTER	ANN		SWOPE	4. DATE OF DEATH	APRIL		Doy Year
	5. S	EX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years II		7 19 59 YEAR IF UNDER 24 HPS.
		FEMALE	101111111111111111111111111111111111111	DOWED TO DIVORCED		8/23/1865			Months E	lays Hours Min
	10a.	USUAL OCCUPAT		106 KIND OF BUSINESS OR	NDUSTR				12. CITIZ	EN OF WHAT COUNTRY?
		HOUS	EWIFE	HOME		MARYL	AND		U	.S.A.
П	13.	FATHER'S NAME	TEL TAXES	7	Ī	4. MOTHER'S MAIDEN N				
		JACOB	KLINE			MARTHA	SWOP			
	(Ye), no, or unknown) (If yes, give war or dates of service)			17. INFO		70.7	Add	LEAR	SPRING	
Н	NONE ALLO: VIOLA O. DECIEN							31174		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							ONSET AND DEATH 48 hours		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Terminal Bronchopneumonia								48 hours	
	Conditions, if any, which )  (b)  Hypertensive arteriosclerotic Heart Disease								unknown	
		gove rise to	immediate (	/1						
		couse (a), statin lying couse last	g the under-							
	Z									
	3	Fracture of the Right hip incurred in a fall 3/28/59								
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING OF OCCURRED (Enter nature of injury in Port 1 or Part II of item 18) OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  Tell at home								
	MEDICAL	20c. TIME OF INJU Hour spens	- No.	Od INJURY OCCURRED 20 While Not while	le. PLACE factory	OF INJURY (Home, form, street, office bldg, etc.)	1.			unty) (State)
	- 1	p. m	Mar 28 195910	work of work		at home	J	rel Clear	2	-
		21. I certify that I attended the deceased from March 28, 19.59, to April 7, 19.59, that I last saw the deceased a clive an April 7, 19.59, and that death occurred at 7:15 P.M. from the causes and an the date stated above.								st saw the deceased
		olive an_AP	111 1, 1909	12, and that de	eoth o	curred of 120 F	M, from	n the causes on treet, city or town, st	d on the	dote stoted obove.
		ACTUAL SIGNATURE	Li li Pal.	( Copper		1	IDDRESS (S	treet, city or lown, st	ore)	DATE SIGNED
		/	O STORES	4 00	, м р	* *************************************				
		PHYSICIAN'S NAME (Type)	Archie Robe	ert Cohen, M.D.		Clear Spring,	Maryla	nd	April	9, 1959
ı	22o	BURIAL, CREMAT	ON, 22b. DATE THEREOF	224 HAME OF CEMETE	RY OR C			TION (City, fown, or		(Stote)
		BURYAL Specif		ST. PAUL	S CI			ASHINGTO		
	23	FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	/_	240. REC'D	BY REGIST	RAR 24b REGIST	RAR'S SIGN	1
	12	115/2/1	£36612114	1 and	171	DATE AP		CA/AC	-1 2.	- Diame
				V	/					



VS ATS (4) ISM 10/57

	M	1
-		/

X

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

() 4884 Reg. Dist. No.

	4901	CERTIFIC	ATE OF DEATH		Reg. Dist. No.	384
	ACE OF DEATH COUNTY  VASHINGTON	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE	Ь. С	institution: Residence before DUNTY WASH INCAT	
Ъ.	CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16			write RURAL and give nea	
d.	NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	SOVEAICS Oddress) KEEDY	d. STREET ADDRESS	V11.112	ļ.	e, IS RESIDENCE ON A FARM?
	TEEDYSVILLE	MD FARM	MEED	ISVILLE	MD,	YES NO
DE	CEASED First	Middle	Lost	A. DATE OF	Month Do	y Yeor
S SE)	( 6. COLOR OR RACE   7. MAP)	TEEMY	1 A YLOR	DEATH ADR		F UNDER 24 HRS
	6. COLOR OR RACE 7. MARI		DECEMBED . 7-	9. AGE (Ir lost birt	hdoy) Months Doys	Hours Min.
10a t	JSUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN O	F WHAT COUNTRY?
	ANHOER-FREDERICA COLA	EDLA PLAN	T. LA CROSSE  14. MOTHER'S MAIDEN NA		AS 11151	Α.
15. W	C. HARLES BAKE	SOCIAL SECURITY NO. 17.	ETTA E	LIZABE	TH KEF	= DY
(103. IN	a. ar unknown) (If yes, give war ar dates of service)	14-09-6160 N	ARS MARTHA	TAYLOR	KEENVIVII	CE MID
16	-17	ne for (o), (b), and (c).	A A T	101		RVAL BETWEEN ET AND DEATH
	PART I. DEATH WAS CAUSED BY:	meraline )	necasist (	anemo		in 1, 195
	Conditions, if ony, which	reistoma	- of The 9	all blace	lder 8	mos (9)
	gove rise to immediate couse (a), stating the under- lying couse lost.		8			
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITI	ON GIVEN IN PART 1(o)	PERFORMED?
<u>≅</u> [0	OG ACCIDENT WAS UNDERLYING (1) 20b. DES DR CONTRIBUTING (1) CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Pa	ort I or Port II of item	18.)	
MEDICA1	Co TIME OF INJURY Month, Day, Year 20d. I Hour o.m. While p.m. 19 ol wor	Not while f	PLACE OF INJURY (Home, form, actory, street, office bldg., etc.)	20f (City or town)	(County)	(Stole)
2	1. I certify that I attended the decease	ed fram July 2	4 1959, 10 all	n 24.	19 <i>59</i> , that I last so	w the deceased
a	ilive and 125	, and that deat	h accurred at 1018		uses and on the dat	
	CTUAL Waltu H-	Shearing	M.O. Shart	DDRESS (Street, city o	r town, state)	DATE SIGNED
A Si	IGNATURE // CC / /					/ / /
	HYSICIAN'S WALTEY	H. Sher	LYMID.	/ //		
220 B	HYSICIAN'S WALTEY  JAME (Type) WALTEY  SEMOVAL (SPACIFY)	22c. NAME OF CEMETERY	OR GREMATORY	22d LOCATION (City.	town, or county)	(Stote)
270 B	HYSICIAN'S WALTEY  BURIAL CREMATION, 1226. DATE THEREOF	22c. NAME OF CEMETERY  ADDRESS	EMETERY	TEFDYEVIL		COMP



#### FOR STATE HEALTH DEPT



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be fareful of the Chief medical Emminer's Office along with form PM3. Page 5 may be retained for it fles.

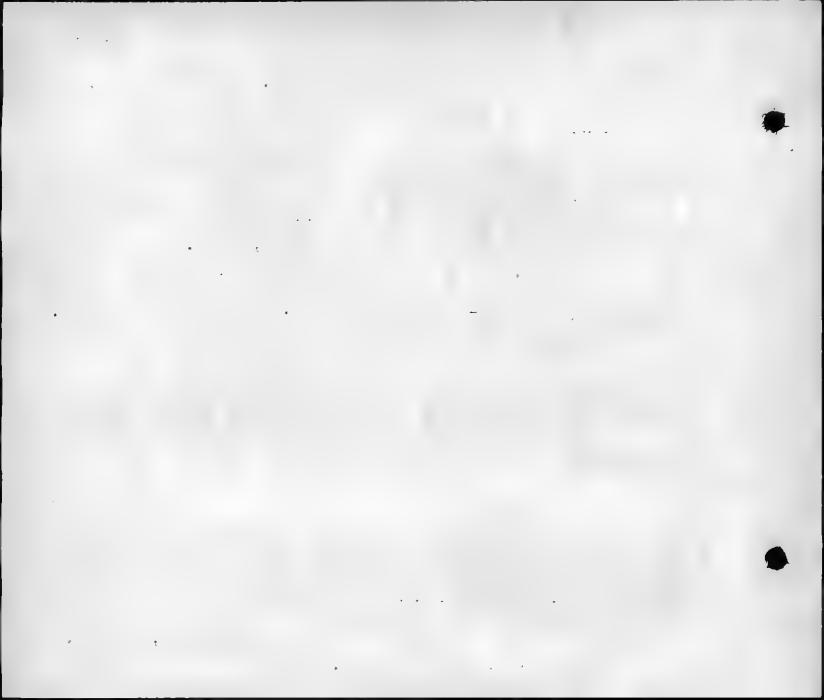
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-tramit mit. File mages 1 and 2 with the Statm loo if Health, or its designated agent, priar to burial, cremation, ar removal, and incompresent within 72 haurs after death. VS A15ME

5M 2 57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4902 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()4885 Reg. Dist. No.

			The same artificial control	CONTRACTOR STANDS AND									_ ,
		LACE OF DEATH	Washing	ton	MARYL		STATE	Md .	e deceased live	d If institution b. COUNTY	Was		is on)
	b	CITY OR TOWN (II	auts de carparole limits, write	<b>RURA</b> L	E LENGTH OF STAY IN	VIb c	CITY OR TOW	N (If outs	ide corporate	mits, write RI	JRAL and give	nearest to	wn}
j		rural	Smithsbu	rg	4 vyears	\ \c	rur	-		hsbur			
	d	RFD	2	f not in hospi	tol, give street oddress)	1	STREET ADDRE				<u> </u>	ON	ES DUNCE A FARM? NO TO
	3. 1	NAME OF DECEASED	Fin	it	Middle		Lost		DATE	Month	Do	y Y	eor
		Type or print)	Harris	son	Francis	Wa	lter		OF DEATH	4	pril :	16	959
	5. \$	€X	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	□ 8. DATE	OF BIRTH		9. AG	(In years	FUNDER TYEA	r	
		male	white	WIDOWED			7 18.18	888		7 () yrs.	Aontha Days	Hours	Min.
	100	USUAL OCCUPATION	N (Give kind of work o	one 10b, Kit	ND OF BUSINESS OR IN	NDUSTRY 11.			oreign country)		12. CITIZEN	OF WHAT	COUNTRY?
	a	La bo	g life, even if retired) PEP	fa	erm		Fairfi	eld,	, Penn	a.			
	13.	FATHER'S NAME				14. N	OTHER'S MAID	EN NAME	E			rhi.ams	
			Conrad (	J. Wal	Lter				Luc	у М.	Cool		
\	15.	WAS DECEASED EV	ER IN U. S ARMED FOI	RCES? 16 SC	OCIAL SECURITY NO	17 INFORM	ANT			Address			
	1111	no	fit you dive was or acres or		-28-3072	Lawr	ence E	. WE	alter,	Wa yn	esbor	). Pa	
		18. CAUSE OF DEA	IH [Enter only one Cou	se per line fo	f (o), (b), and (c).]		and -Lancardon		4		7 110	TERVAL BETWE	EN .
	П	PART I. DEAT	H WAS CAUSED BY-		Acute Coro	nerv t	hrambas	is			10	ASEL AND DEV	1114
			DUE TO		3700000	1177	Jila Ombe -	-					
		Conditions, if o											
		gove rise to immed (a), stating the o	liote couse						***************************************			<del></del>	
	Ш	course lost.	(c).										
,	3	PART II, OTH	ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH	BUT NOT RE	ATED TO THE T	ERMINAL	DISEASE CON	TION GIVEN	IN PART I(o)	19. WAS	LUTOPSY
)	3		Obesity									YES [	RMED?
	CERTIFICATION	200. EXTERNAL CAUPRIMARY D or COL CAUSE OF DEATH.	NTRIBUTING LE L	b DESCRIBE	None	ED (Enter no	ture of injury is	Part I or	Part II of Hem	18 }			
	3	20c. TIME OF INJUI		20d. IN	JURY OCCURRED 200	PLACE OF	NJURY (Home,	form, 2	Of, (City or tow	n)	(County)		(Stote)
	MEDICAL	Hour o.m. p.m.	None 19	While of work	Not white	None	et, office bldg	, etc.)		-		-	-
		21. I certify th	at I took charge	of the re	mains described	above, h	eld an Aut	орзу [	, Inspec	lion 🗴.	Inquiry [	, on	d in my
	П	opinion death	resulted fram: N	Natural ca	uses [2], Accide	ent 🔲,	Suicide 🔲	, Hon	nicide [],	Undetern	nined mon	ner 🗌	
	Ш	5	000	4)	-00								101170
	П	SIGNATURE O	Rober		reeky	M.D.	CHIEF MEDIC				4-17-	DATES	IGHTEU
		EXAMINER'S	S Ro	hert W	ells, M.D.		ASSISTANT M				4-17	27	
		NAME (Type)					DEPUTY MEDI		1		man,E de		
	220	REMOVAL (Specify)			20 NAME OF CEMETER			72d	LOCATION (		county)	(Stote	)
	23	DUT 18		T528	Smithsbur ADDRESS	g Cer		REC'D BY	Smith:	Sburg	AP'S SIGNAT	Lid .	
			Funeral H	lome.		rg. N	_ 1	APR			thus & to	sau4	
						0) 111	DAI	234.74					



				- 1
4		Ď	Έ	
go	1	¥	5	
D.,		ġ.	ile	
Ę		0	4	
ded	,	41	9	
ř	- {	П		
훒		4	Sho	
75		>	S	
50		2	5	
÷		0	-	
Ň		=	e s	
툿		yf	60	1
3		9	۵.	
Ŋ,		퓹	2	
5		E	å	÷
×e		TO	٥	0
0		Š	Š	5
٥		5	P	ğ
to		ij	9	ļ
ž		ķ	õ	Ö
ē		D.	ē	2
÷		ing	9	~
9		end	8	ħ
D		ŧ	4	`}
Ť		0	her	tu
ŧ		Ξ	<u>}-</u>	À
壬		9	ij	>
ē		Jed.	ETH	0
3	4	.ig	ă.	. E
2	ğ	5	ns.	ŏ
3	SIC	bee	2	<u>-</u>
•	뤈	03	ö	g
É	07	ج	Ĕ	E
ź	냚	ō	بد	F
8	ie.	ij	뜌	,
Š	D	le l	ö	ġ
Ŧ	ō	'.s	Se	DE
<u>.</u>	D	£	Ь	F
ž	Sp	Ber	0	`
$\frac{1}{2}$	ž	₹	he	Ē
Ė	ξ,		Š	مّ
ď	X	h	(t	5
n.	ק	REC	å	b
0	ž.	2	ğ	d
4	eto	AL	Poc	rar
5	-	DZ.	3 2	gist
õ	9	Z	9	rec
2 HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained by the haspital or attending physician.	D FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the errol director.	page 3 should be to ached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 snow be filled with	the registrar prior to burial, cremation, or remayof, and in any event within 72 house death.

,		4
1		)
/	131	1

o. COUNTY

DECEASED

5 SEX

(Type or print)

3. FATHER'S NAME

(Yes, no. or unknown)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0.7889**CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Jerstoun d NAME OF HOSP TAL (If not in hospital, give street address)
OR INST TUTION // (7 d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO F Middle 4. DATE Day Year FLORENCE DEATH Walters 1959 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years lost birthday) IF UNDER 1 YEAR IP UNDER 24 HRS Months Days Hours WIDOWED [2] DIVORCED | 100. CSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY IN SIRTHPLACE ISLOTE OF foreign country) 12 CITIZEN OF WHAT COUNTRY: during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANI Address (If yes, give wor or dotal of service) 1B CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO CARCINOMATOSIS Conditions, if ony, which ! gove rise to immediate **DUE TO** couse (a), stating the under-CARCINOMA OF CERVIN lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES 🔃 NO 📋 200. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) Hour a.m. factory, street, office bldg., etc.) While Not while of work of work p. m. . 1958 to Cleril 8, 1957 that I last saw the deceased 21. I certify that I attended the deceased fram. Sept.30 59 , and that death accurred at 7.45RM, from the causes and on the date stated above alive an (LDI) ADDRESS (Street, city or town, stote) OR LI Ramos 226. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Loudon Park C metery 4-10-59 Baltimore, .Id. **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

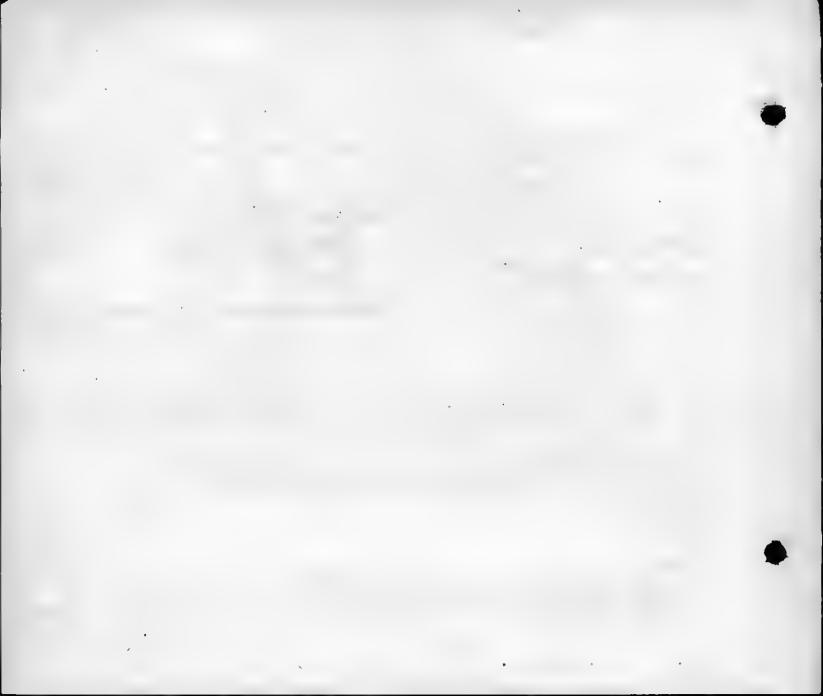
DAMPR 1 3 '59

Circhag S. Kraus

BREMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE VS A15 (4) Mm. Gook, Inc., 1217 St. Paul Street 15M 10/57

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)



VS A1S (4) 1SM 10/57

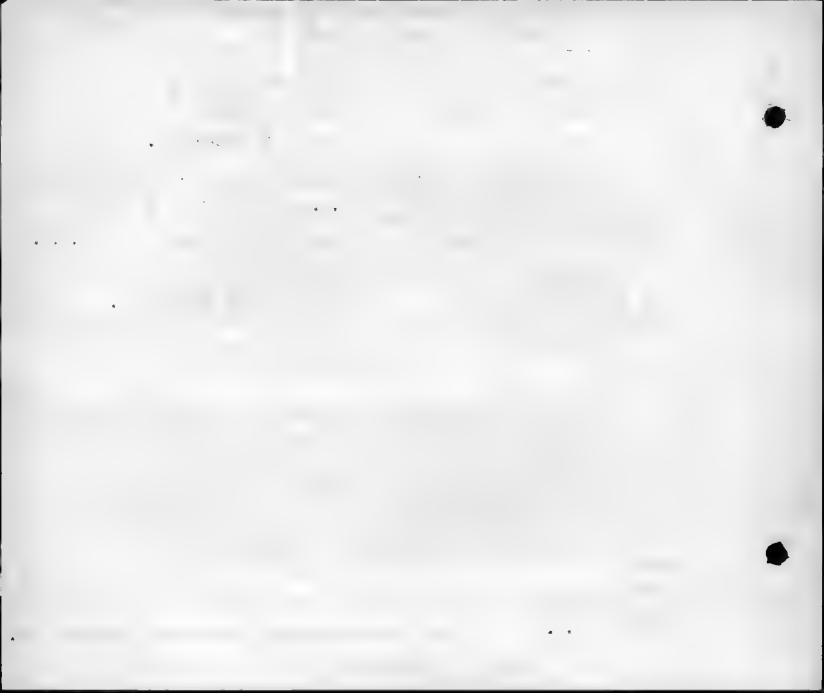
1)

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4903

**CERTIFICATE OF DEATH** 

()4887 Reg. Dist. No.

1 PLACE OF DEATH			*		2. USUAL RESIDEN	CE (Whee	re deceased	lived If instituti	on Residence	before ad	nission)
a. COUNTY	shington		MAR	YLAND	o STATE Mary	land	1	b COUNTY	Washi:	ngto	
	If autside corporate lim	its, write	c. LENGTH OF STAY	1N 1b	c. CITY OR TOW	VN (If out	tside carpor	ate limits, write R	URAL and giv	re nearest t	own)
Rural Han	cock Md		Life		× Rura	l Ha	lneos	k			
d NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, s	give street	oddress}	· · · · ·	d STREET ADDI					e. IS	RESIDENCE
OKINSTITUTION	Home				Rur	al 2	2 Har	cock M	d.		N A FARM?
3 NAME OF	Fi	rsl	Middle		Lost		4 DATE	Mon		Day	Year
(Type or print)	H	dith	Amo	lia	Well	or	OF DEATH	- lu		30	19 59
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	ED 🖂	B. DATE OF BIRTH			9. AGE (In years	IF UNDER 1		IDER 24 HRS
F	W	WIDOWI	DIVORCE		Oct -1 -1	886		lost birthday)	Bonths 2	ers Hou	rs Min.
100. USUAL OCCUPAT!	ON (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU	TRY 11 BIRTHPLACE	(State a	r foreign co	untry)	12 CITIZ	EN OF WH	AT COUNTRY
Housewi	rking life, even if retired <b>2</b>	"   1	Cousewife		Washi:	ngto	on Ma	ruland		TT	S.A.
13. FATHER'S NAME					14 MOTHER'S MA						
	Not Know	730L			Ida :	Shir	70E				
15. WAS DECEASED EV			SOCIAL SECURITY NO	), 17, B	NFORMANT			Add	ress		
No	(If yes, give wor or dates of :	IN VICE)	None		Mrs Nin	a Wi	llson	Hanco	ck Md	•	
IB. CAUSE OF DE	ATH [Enter anly ane co	ouse per lin	ne far (a), (b), and (c)	.] ,	1 1	1	-	4			BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	. M	~ ~can	di	I Im	In.	- 6				ND DEATH
420.0	DUE TO			1							
Conditions, if	ony, which )	an	leriosa	len	The H.	lan	XD	and langua I		20	no
gave rise to i		)								0	
couse (a), stating lying couse last.		1									
Z PART 11. OT	HER SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO TH	E TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART	(a) 19. W	AS AUTOPSY
P P											REPORMED?
PART 11. OT  PART 11. OT  200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  GAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of in	jury in Po	ort I or Part	II of item 18.)			
	RY Manth, Day, Ye	or 20d 1N	NJURY OCCURRED	20e. PL	ACE OF INJURY (Hom	ne, form,	20f. (City	or lown)	(Co	unty)	(State)
20c. TIME OF INJUI	19	While of work	Not while	for	ctory, street, office blo	dg., etc.)			140	,,	(5.5.7)
			<u> </u>	- r7	2058 .	A m	<u> </u>	20			
	hat I oftended the	decease									
alive on ADI	1	, 19	$22_{}$ , and that	deoth	accurred at_7			the couses of the couses of the couses of the couses.		e dote st	ated obov DATE SIGNI
ACTUAL F	UBTK	****	TT M. 19	)	101		•		signej		DATE SIGNE
SIGNATURE	on plie				M.D121_	Fig.	h St	reet			
PHYSICIAN'S NAME (Type)	cank R T	noma:		D.	Hangoe	1	Mary	land			
220. BURIAL, CREMATIC	ON, 226 DATE THEREC	)F	22c. NAME OF CEM	ETERY O	R CREMATORY	2	22d. LOCAT	ION (City, town,	ar county)	(5	tate)
Burial	5.3.59		Stone B	ride	Ze Breth		Near	Hansos	le. We -	ila 1 mm	ton M
23 FUNERAL DIRECTOR	S SIGNATURE	1 ,	ADDRESS		24	REC D	BY REGIST	RAR 246 REGI	STRAR'S SIGN	IATURE S	- 一般
1-1- F.	الاسر كل عالم	le-op-	2 Item	-c-	ama on	WAY !	5 '59	Carl	117 8. th	and	
77			/			79 9 2					



# may be retained. TO FUNKE Light Care the spiral at aftending physician. TO FUNKED INTO THE CARE Haspital at aftending physician. TO FUNKED INTO THE CARE THIS CARE THIS CARE THE THE CARE THE death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of h

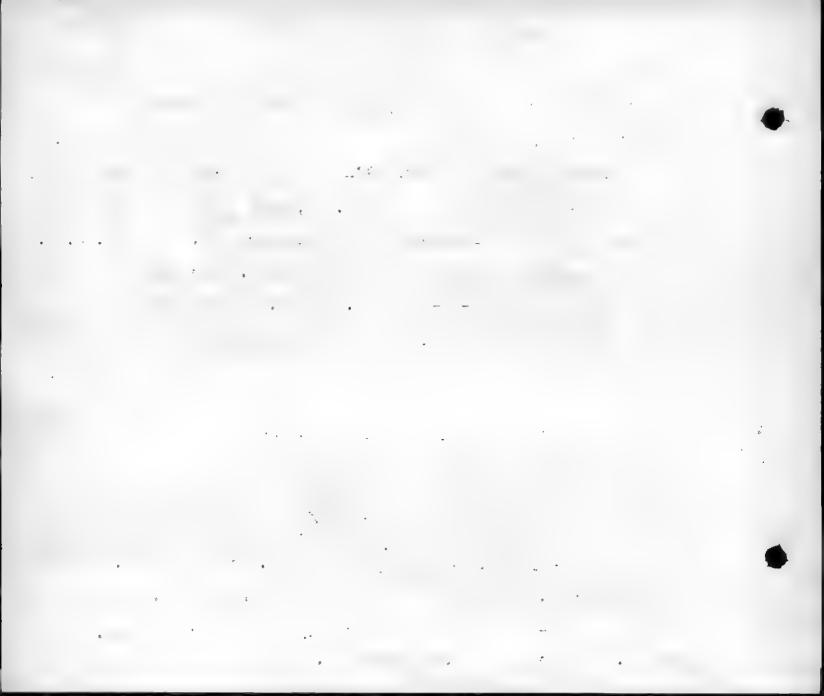
VS A15 (4) 15M 9/5B

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4875 CERTIFICATE OF DEATH

04888 Reg. Dist. No.

1	O COWNEShin	gton	MARYLAND	2. USUAL RESIDENCE OF STATE MATY	E (Where deceased li	ved. If institution, b COUNTY	Washin	
/	b CITY OR TOWN (IF RURAL and give nec Hager	outside corporate limits, write	c. LENGTH OF STAY IN 16	1	V (If outside corporate	e limits, write RURA Zerstown	_	rest fown)
	d NAME OF HOSPITA	A fif not in hospital, give stre	et address)	d STREET ADDRE		261 BOOMT		IS RESIDENCE
	Washingto	n County Hos	spital	Rou	ite 2			YES A NO
	,,,	ewis Henry		III Lost	4. DATE OF DEATH	April	10 Doy	Yeor 19 59
	s. sex Male	TATEL A de la	RRIED NEVER MARRIED DIVORCED	Jan. 23.	1906	A REAL PROPERTY AND ADDRESS OF THE PARTY AND A	UNDER 1 YEAR	Hours Min.
ŀ	10a. USUAL OCCUPATIO	N (Give kind of work done 10	b. KIND OF BUSINESS OR IND				12. CITIZEN OF	WHAT COUNTRY?
	during most of working Tirema	ng life, even if retired)	Railroad	Hager	stown 1	Md.	υ.	S. A.
ı	13. FATHER'S NAME			14. MOTHER'S MAIL				
		Augustus	Wiebel	Matt	ile 0. ~~	ushbaugh	1	
		IN U. S. ARMED FORCES?   1 Fyis, give wor or dates of service)		INFORMANT	7	Address		
J	No			Mary Mary	B. Wiebe	el Rout	e 2	
		TH Enter only one couse per H WAS CAUSED BY:	line for (o), (b), and (c).]	< 0			INTER	T AND DEATH
	11 6 1	IMMEDIATE CAUSE (o)	Covona	my Dele	MOSIA			: aay
	Conditions, if on gove rise to im couse (o), stoting to lying couse lost	mediote (	Center	ies cles	osis.		Ĺ	udef
	PART II. OTHI	R SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE	TERMINAL DISEASE C	ONDITION GIVEN	IN PART 1(o) 19	, WAS AUTOPSY PERFORMED?
1		livos cli	rosis.	Urem	ica			YES NO
	200. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEATH	ESCRIBE HOW INJURY ÓCCURR	ED. (Enter noture of inju-	ry in Port I or Port II	of item 18.)		
	20c. TIME OF INJURY Hour o.m. p. m.	you Whi		LACE OF INJURY (Home octory, street, office bldg	, form, 20f (City or )., etc.)	town)	(County)	(State)
-1	21. I certify the	at I attended the dece		Z , 19.57, to	april	10, 1957, the	at I last saw	the deceased
-1	alive on	april 9, 19	57 , and that deat	h accurred at				
	ACTUAL SIGNATURE	obert Mil	amphell	M.D. 145		et, city or town, stot nington		DATE SIGNED
	PHYSICIAN'S NAME (Type) RO	bert V. Cam	phell	I	lagerator	m Md.		
	220. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATIO	N (City, town, or c	county)	(State)
	Burlai	4-12-59	Rose Hill	Cemetery	Ha	gers town	Md.	
`	23. FUNERAL DIRECTOR'S		ADDRESS	352	REC'D BY REGISTRA	R 24b. REGISTRA	AR'S SIGNATUR	E
	Scott F.	Minnich & St	on Hagerston	wn Md DAT	APR 1 4 '59	Citha	9 tc	



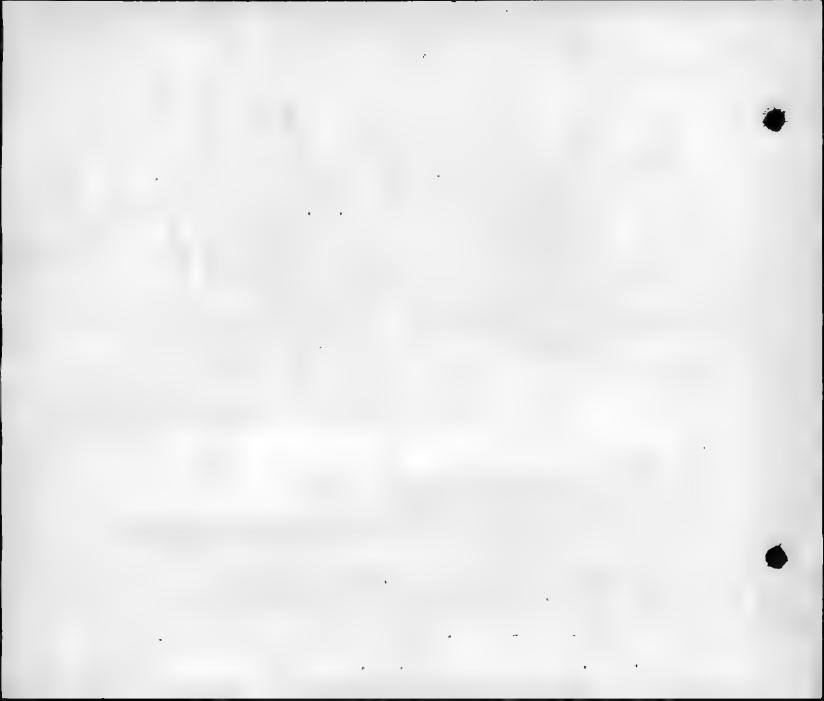
#### FOR STATE HEALTH DEPT.

90

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessory, please execute the certificate, writing the word "pending" in pending in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for fed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for filler. To FUNERAL DIRECTOR: Page 3 should be used as a busial-transity permit. File pages 1 and 2 with the State Boars of Health, or its designated agent, prior to burial, cremation, or removal, any twent within 72 hours ofter death. VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04889 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

_		4904 Tte		6 FilmG241 4	23-59 at	TE OI	DLAIII	Reg. Di	st. No		
	PLACE OF DEATH Q. COUNTY	Washington		MARYLAND	2 USUAL RESIDENCE	Where deceo		r Wash		ore odm	ission)
	CITY OR TOWN (It	outside cerporate I mits, write 189	PAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside cor	porote limits, write	RURAL ond	give n	earest to	wn)
	73	sboro		31 mos	Highi	field					
	. NAME OF HOSPIT	AL OR INSTITUTION (IF M	it in hos	pital, give street address)	/ d STREET ADDRESS						ESIDENCE
	Reeder	Nursing Home				-					A FARM?
	NAME OF DECEASED	First		Middle	Lost	4 DATE	Monti	h	Doy	1	feor
	(Type or print)	Cla	ra	Easter	Willard	OF DEATH	Apr	•	14	1	9 55
5.	SEX	6. COLOR OR RACE 7.	MARRIE	DE NEVER MARRIED . 8.	DATE OF BIRTH		9. AGE tin years	IF UNDER	YEAR	IF UND	ER 24 HR
	Female	White w	DOWER	DIVORCED [	Nov. 27,1875	5	8 3 yes	Months	Days	Hours	Min.
100	during most of workin	ON (Give kind of work done a life, even if relired) Housewife	10b, K	IND OF BUSINESS OR INDUST	Nary		country)		EN OF	WHAT	COUNTR
13.	FATHER'S NAME				14. MOTHER'S MAIDEN						
	John W	esley McAfee				ah Bro	wn				
15.		ER IN U. S. ARMED FORCE	57 [16.	SOCIAL SECURITY NO 17. IN	FORMANT		Address				
ξ¥n	No No	(If yes, give wor or dates of servi NO		15-18-2203 R	eeder Nusri	ng Hom			Md	— epur r	
		TH Enter only one couse p	er line	or (o), (b), and (c).]					INTER	VAL BETW	EEN ATH
	PART I, DEAT	IH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Art	eriosclerctic	cardio-vascu	lar re	enal dise	ese			
	260X	DUE TO		h 1 ha					110	7570	0
	Conditions, if or		Dia	betes M					10	yr	В
	gove tise to immed (a), stating the										
	couse lost.	) (c)									
ğ	PART II. OTH			NTR BUTING TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN FART	1(0) 11	. WAS	AUTOPSY DRMED?
CATION		Gangrene	Ic	ot					1	ES 📋	NO 📆
CERTIF	PRIMARY OF CONCAUSE OF DEATH.	JSE WAS NTRIBUTING [] 206. [	ESCRIBE	How injury occurred. (E	nter nature of injury in Pa	et I or Part if	of item 18.)				
3	20c. TIME OF INJUI	RY Month, Doy, Year	20d. I	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, for	m. 20f. (City	r or lewn)	(Cou	nty]		(State)
MEDICA	Hour o.m.	None 19	White of wo	INDI WILLIA ]	ry, street, office bldg., et NONE	c.)	_	_			-
_		not I took charge of	the r	empins described obo		sy . I	nspection x	Inquir		On	d in my
				ouses X. Accident		Homicide		rmined m		promote and the same of	Φ III III]
		1 -2 11	. X		J, (10,000 )		, ondere	TIMES I	ioiiiic	. Ш	
	ACTUAL SIGNATURE	1ach H.1	< \_	CALLLE	CHIEF MEDICAL E	EXAMINER [		~~~~		DATE !	SIGNED
	SIGNATURE		dealer man	Actin Ne	THE	CAL EXAMINE	R ET		4-1	5-59	,
	EXAMINER'S NAME (Type)	Jack H. Bea	chle	Actin Nec	DEPUTY MEDICAL					1 71	
220	BURIAL CREMATIO	N. 776 DATE THEREOF	7	224 NAME OF GEMETERY OR			TION (City, town,	or county)		(Stat	e)
	REMOVAL (Specify) Burial	4- 17 -	59	Mt. Moriah			oxville		rv	land	•
23.	FUNERAL DIRECTOR			ADDRESS		'D BY REGIST		STRAR'S SIG			
	Raymond	E. Creage	r	Thurmont, Mc	DATE		100	thung &	20	4	
-					27.16	199 2 0	<u> </u>	Janes Janes	19La	UVIL	



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7, C

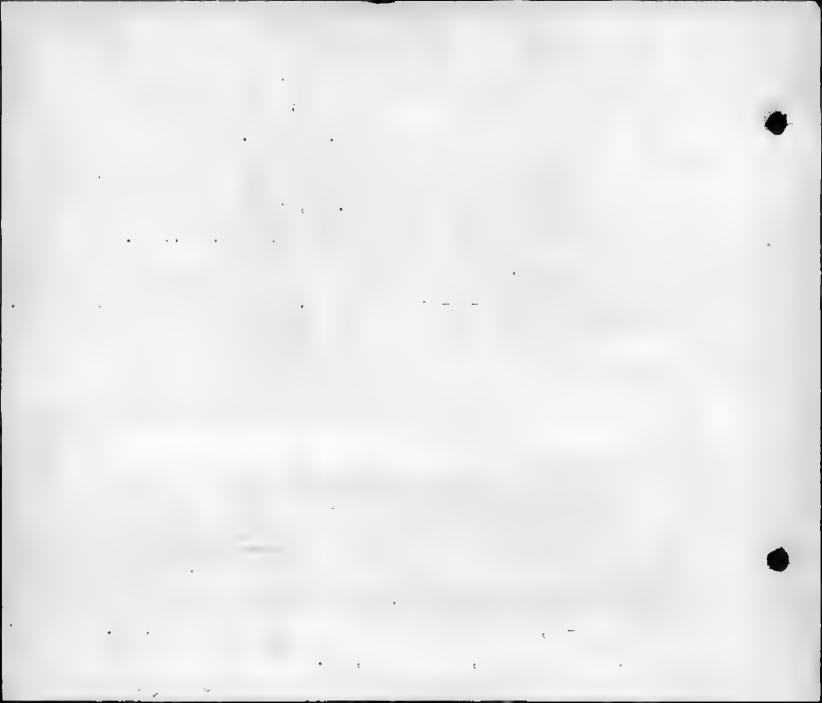
	76	CERTIFICATE	OF DEATI
--	----	-------------	----------

04890

		4016		CERTIFIC	AIL OI	DEATH			Reg. Dist	t. No.	
1.	PLACE OF DEATH  o COUNTY	Washingt	on	MARYLANG	O STATE	Md .	here decease	d tived. If institution b. COUN			admission)
	b. CITY OR TOWN RUBAL and give HASELS	(If outside corporate limi negrest town) COWIL	ts, write	2 days	د CITY O			rote limits, write LSburg	RURAL and g	ive neare	st town)
	OR INSTITUTION	ton Count			d STREET N+	Main	St.				IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Harve	У	Middle Edward	Willi	ard	4. DATE OF DEATH		pril :	22,	1959
S.	male male	6. COLOR OR RACE white	7. MARE	RIED NEVER MARRIED E			.918	9. AGE (In year last bid hooy 4.0 yi	Months		F UNDER 24 HRS Hours Min.
10	during most of wo	ION (Give kind of work rking life, even if retired	1	KIND OF BUSINESS OR INI			or foreign o	~		ZEN OF	WHAT COUNTRY
13	. FATHER'S NAME	Robert	D. W	Villiard	14 MOTHER	R'S MAIDEN I	_	irgie	A. Boy	wmar	1
		ER IN U. S. ARMED FOR (If yes, give wor or doles of s	acces)	SOCIAL SECURITY NO. 17 30-10-3954	Joseph	W. W	/ill <b>i</b> a	rd Smi	thsbu:	rg,	Rdl, Mo
		ATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o), (b), and (c).]	. 1. rt	[al]	lare			INTERV	VAL BETWEEN
	Conditions, if										2 7 9 7
	couse (a), stating lying couse last	the under- DUE TO	)	Al subolic	1::	.o.ti	ગા				1
CERTIFICATION	PART II. O		DITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERM	UNAL DISEAS	E CONDITION (	GIVEN IN PART		WAS AUTOPSY PERFORMED? YES NO 🖔
- 1		AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED, (Enter nature	of injury in	Port I or Par	t IE of item 18 )			
MEDICAL	20c. TIME OF INJU Hour o.m. p. m.	10	While		PLACE OF INJURY factory, street, off	(Home, form ice bldg., etc	m, 20f (City c.)	or lawn)	(Ca	ounty)	(Stote)
	21. I certify t	hat I attended the	deceas	ed fram, and that dea							v the deceased
	ACTUAL SIGNATURE	harles !	Zn. ;	Hess		Smith	ADDRESS (S	treet, city or low		7 -	DATE SIGNED
	PHYSICIAN'S NAME (Type)	C:. 127 CK	ч	T** 0 + Ct					***		
22	REMOVAL (Specify DUPLE L		1959	Pleasant	OR CREMATORY	Cem		TION (City, town	* * * * * * * * * * * * * * * * * * * *	d.	(Stote)
23	I. FUNERAL DIRECTO		0. 0	ADDRESS	, arrol	24a. REC	O BY REGIST	TRAR 24b. RE	GISTRAR'S SIG		
	DECEMBER 16	NIT TITLE C. FL	CC DE	III. SULLIISU	ULL 2 NIG	al DATE		C.,	23, 7	A Personne	

uneral director, old be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIF R: After this certificate has been signed by the attending physician and completely filled in by page 3 should the estached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 st the registror prior to burial, cremation, or removal, and in any event within 72 hours after death.

W



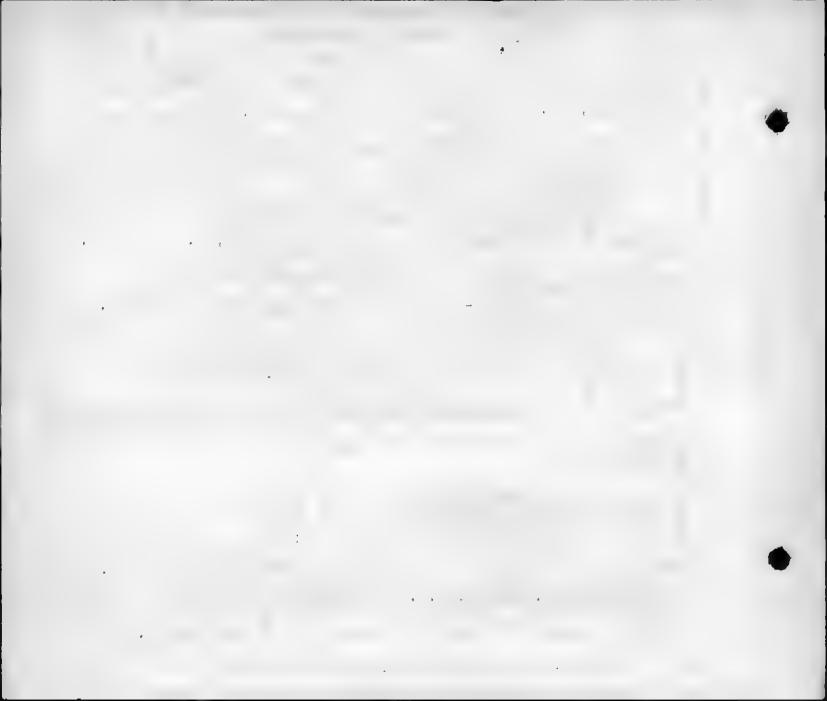
04891CERTIFICATE OF DEATH Reg. Dist. No director, iled with Poge PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived.' If institution: Residence before admission) COUNTY o. STATE Filed Washington MARYLAND Washington Martland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstewn, 20vrs Magerstewn. Marvland d. NAME OF HOSPITAL (If not in hospital, give street address) / d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Washington County Mosnital 400 B Park Place YES | NO 12 2 NAME OF Middle 4. DATE Manth Doy Year Kled DECEASED OF DEATH Geerge Ezekiel Wilson (Type or print) 19 59 (etely) 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Doys Hours Min. Male Colored WIDOWED DIVORCED [7] 1901 54 yrs 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10c Cook and Restaurant Charlestown W. V. 12. CITIZEN OF WHAT COUNTRY? Restaurant Charlestown W. Va. USA. pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Magie Wilson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Mary E. Wilson 400B Park Place. attending no 236 -14 -1057 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Congestive heart failure hours DUE TO ۵ (b) Pulmonary ony Conditions, if ony, which emphysema and bronchial asthma year gave rise to immediate DUE TO coute (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Slote) Hour o. m. factory, street, office bldg., etc.) While Not while at work at work 21. I certify that I attended the deceased from ADM11 2 ..., 1959, to ADM11 3 \_\_\_\_ 1959 that I last saw the deceased 1250\_\_\_\_, and that death accurred at 12:15 M, from the causes and an the date stated above. alive on Onil ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL Mo. 100 Professional Arts Bldg. RAL DIR noy be retai FUNERAL I age 3 shauf PHYSICIAN'S NAME (Type) William T Hagerstown. Layman, M.D. Maryland 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) pode Burial (Specify) 4-5-1959 Rose Cemeterv Magerstewn Md 0 **FUNERAL DIRECTOR'S SIGNATURE** 24g. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE **ADDRESS** Orilary & House DATE APR

executed

requires that

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

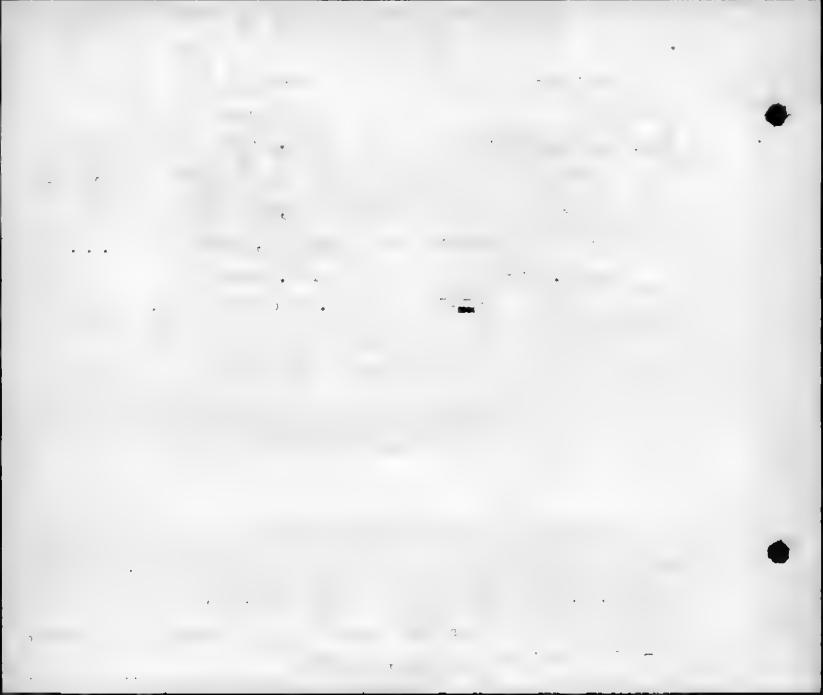


VS A15 (4) 15M 10/57 31

	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
4878	CERTIFICATE	OF DEATH	

()4892 Reg. Dist. No. 302

1. PLACE OF DEATH o COUNTY					2. USUAL RESI	DENCE (WI	nere decease		itution: Residenc	a befora odmi	ssion]
	ashington			MARYLAND	o. STATE	Mary'	land	b. COUN	Was	shingto	n
b CITY OR TOWN IF RURAL and give no Hagerste		nits, write	c. LENGTH OI	STAY IN 16	c CITY OR		outside corpo		le RURAL and g	ive nearest tow	m)
d. NAME OF HOSPIT	At (if not in hospital,	give street o	ddress)		d. STREET A		er a com			e IS RE	SIDENCE
OR INSTITUTION	on County	*	*				Frank	din St	coet	ON	A FARMS
	OR COURTLY	mosb1			<u> </u>	// We	-	LIII DUI		LEST	NO 🌉
3 NAME OF DECEASED		irst		Middle	tos		4. DATE OF		Worlh	Day	Yeor
(Type or print)	MARY		CATHE	RINE	WOLF	S	DEATH	April		3	19 59
5. SEX	6 COLOR OR RACE	7- MARRI	ED NEVER	MARRIED [	B DATE OF BIRT	Н		9. AGE (In ye	OF IF UNDER	YEAR IF UND	ER 24 HRS
Female	White	WIDOWE	D 🔁 D1	VORCED [	November	r 10.1	1871	lost birthdo	yrs Manths	Days Hours	Min.
100 USUAL OCCUPATIO	ON (Give kind of work king life, even if retires	done 10b	KIND OF BUSI	NESS OR IND	USTRY 11. BIRTHPI	ACE (State	or foreign c	ountry)	12. CITI	ZEN OF WHA	T COUNTRY
Retired Flo			mmercia	7 Lann	dry Hage	ersto	m. Me	ryland		U.S.A.	
13 FATHER'S NAME					14. MOTHER'S			72000		UeD ell e	
	muel H. Sw				Mai	ry J.	Lawre	nce			
15. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16	OCIAL SECUE	TY NO. 17.	INFORMANT			-	Address		
no	by hear days were or occurs or	Letrice) Z.	Detty 3	100	Edgar W.	Wolfe	3	Baltimo	ore, Mar	yland	
1 1	WH [Enter only one o	ouse per lin	e for (a), (b), a	nd (c).]						INTERVAL B	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (	o Pu	lmona	ry ed	ema					II da	ys
44.20.0	DUE TO										
Conditions, if o	ny which )	Ar	terio	scler	otic hea	art d	lisea	se		Indef	inite
gove rise to in	mmediate (	b)									
lying couse lost.	the <u>under-</u>										
		c)	ON INTERIOR IN TO	YO DO ATU N	T NOT BELLYED TO		DIAL DICEASE			1 10 144	
ICATIC	HER SIGNIFICANT CON		ONTHEUTING	IO DEATH BU	I NOI KELATED IC	) IME IEKMI	INAL DISEAS	E CONDITION	GIVEN IN PART	PERF	ORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER;	206. DESC	RIBE HOW INJ	URY OCCURR	ED (Enter nature a	of injury in I	Part I or Par	ill of tlem 18 )			
20c. TIME OF INJUR Hour o.m.	Y Month, Day, Ye		JURY OCCURR		LACE OF INJURY I	Home, form	20f. (City	r ar town)	(Co	ounly)	(Stote)
p. m.	19	While of work	Not while of work	_	octory, ander, orrice	o orog., ere	1				
21 Leastifu th	at I attended the		M. M.	arch	23 . 1959	4- 4	April	3 10	59 <sub>that Lk</sub>		1
alive on Apr		: decease			with the same I the State of the same	10:5	ξĀ	17	, that I k	ast saw the	deceased
alive on the		fc, 19_1	.Z.,, and	that deal	h occurred at						
ACTUAL	1411	r	$\bigcirc$		* 1.0			lreet, city or lo			ATE SIGNE
SIGNATURE	10000	ners	Yan -		M.D. 148	West	t Was	hingto	n St.	4/4/	59
PHYSICIAN'S DY	в. В.	Kneis	sley		Hage	ersto	own.	Md.			
220 BURIAL CREMATIO	N. 226. DATE THERE	DF	22c NAME O	F CEMETERY	OR CREMATORY			TION (City, fow	m, or county!	(Sto	ie)
REMOVAL (Specify)	4/6/19	59	_		emetery			gerstow			
			ADDRESS			240. BBSY		***	EGISTRAR'S SIG	MATURE	ryland
23 FUNERAL DIRECTOR	er Funeral	Home	_	stown.	Maryland	AP.	b BR KECK	9 6	Winny & 1	Frank	
			- The Con.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	AT THIS	DATE					



#### FOR STATE HEALTH DEPT

f Heolth,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please execute the certificite, writing the word "pending" in pendi in them, 18. Give Poges 1, 2, and 3 to the funeral digitor. Page 4 should be for field to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for it files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Boats of Health, or its designated agent, prior to burial, cremation, ar removal, and in any eventually 22 hours after death.

VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4879 MEDICAL EXAMINER'S C

ERTIFICATE	OF	DEATH	(14893 Reg. Dist. No.

	o. COUNTY	WASHINGTON	1	MARY	LAND	o. STATE	Where deceo	b. COUNT	Υ		
	HAGER	TY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give negret level. AGERSTOWN 6YRS.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  AGERSTOWN						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) WASHINGTON COUNTY HOSPITAL				d. STREET ADDRESS / 327 MITCHELL AVE.				01	e. IS RESIDENCE ON A FARM? YES NO	
	NAME OF DECEASED (Type or print)	GEORGE		MILLIAM	Y	OUNGBLOOL	4. DATE OF DEATH	APF		Day 2.7	Year 519 59
	MALE	WHITE	WIDOWE			4/12/188	39	9. AGE (In years lost hypoday) yrs.	Months Do	EAR IF UN	Min.
100	RETIRED	ON (Give kind of work d to life, even if retired) LINEMAN	one 10b. K	ELEC. POWE	ER C	V 11. BIRTHPLACE (SIG	te or foreign		12. CITIZE	U.S.	A.
13,	ADAM	YOUNGBLOOI	)			LOUISE V		N			
	NO NO	ER IN U. S. ARMED FOR lif yes, give wor or dates of s	[earys	SOCIAL SECURITY NO. $4-10-5334$		Rig. EMMA	W. YO	Address UNGBLOO		GERSI	OWN MD.
		TH (Enler only one country was CAUSED BY: IMMEDIATE CAUSE (a)	e per line	for (o), (b), and (c).]						INTERVAL BET	WEEN
CERTIFICATION	Conditions, if a gove rise to imme (o), stating the couse tasl.	diote couse	(	acute coron	ery	thrombosis				10	win
	PART H, OT	HER SIGNIFICANT COND Br	-	el asthma	BUT NO	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PART I		AUTOPSY ORMED? NO
	20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18.)  none  none										
MEDICAL	Hour o.m.	None 19	While		le. PLACE factor	OF INJURY (Home, for y, street, office bldg., el NONO	rm. 20f. (Cit	y or town)	(Count	y)	(State)
	opinion death  ACTUAL SIGNATURE  EXAMINER'S	resulted from: N Reliai S. Robert	Au	causes D. Accid		, Suicide ,  M.D. CHIEF MEDICAL  ASSISTANT MEDI	Homicide  EXAMINER   ICAL EXAMINE	ER 🗆		DATE	signed
220	NAME (Type)  D. BURIAL, CREMATIC TREMOVAL (Specify	ON, 226. DATE THEREO		22c. NAME OF CEMETE			22d. LOCA	TION (City, town,	/	(\$10	ote)
23.	FUNERAL DIRECTOR	14/26/59 rs signature revent	lage	ADDRESS	1		C'D BY REGIST	TRAR 246. REGI		ATURE	7A.

THE SOURCE OF THE PARTY OF THE Charles will be a second of the second of th

1		
director,	iled with	
signed by the attending physician and campletely filled in by the attending	t permit. Then please remave carbon papers. Pages I and 2 shauld be filed with	
d in by	I and 2	
stely fille	Pages	
d cample	papers.	
cian and	e carbon	2.
ng physi	e remove	-
attenda	en pleas	the last the last the last the last
ed by the	mit. The	
.ign	per	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

04894

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUN Washington o. STATE Maryland b. COUNTY MARYLAND Washington b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neocest fown)
Hagerstown 20days Hagerstown d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Gateway Nursing Home 122 Williams YES TI NO TE NAME OF Middle Lost 4. DATE Month Year DECEASED John Henry Zepp 1959 (Type or print) DEATH April IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Male White DIVORCED I WIDOWED | June 29 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Martinsburg W. Va. U. S. A. Watchman Sand Blast 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John H. Zepp Gatherine Green 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO INFORMANT Address Catherine Rickard Hag. CAUSE OF DEATH | Enter only one couse per-line for (a), (b), and (c)? INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INFURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 120f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while at work at wark p. m. 20, 190 21. I certify that I attended the deceased fram that I last saw the deceased M, fram the causes and on the date stated above. \_, and that death accurred at \_\_ alive on ADDRESS (Street, city or town, sto) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) David R. Brewer Clearspring 22d. LOCATION (City, town, or county) 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (State) Rose Hill Cemetery Hagerstown 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** APR 2 0 59 246. REGISTRAR'S SIGNATURE Scott F. Minnich & Son Hagerstown

DATE

shaule FUNERAL F

page

TO

VS A15 (4)

15M 9/58

0.730.0180

d Han se

querismo la maria

hard Sarphylast

medicalisti firm

John Marketing Model - Date Marketin Telephone

•चि• वार्ष्य समावित वर्षणा

inle bulle - 0 - 1000 58

myseldes-

and of the second secon

es com a drot

ore you had been been been been been

the state of the s

Parks and I was a second

are property of the same first property of the first the

let arracting of the state of the factors

Columbia de la Santa de Maria de la Columbia de la

Em Em/Latinitation Comment of the Control of

ACCURATE PROPERTY.